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THE AUSCULTATORY DETERMINATION OF EARLY PATHOLOGIC CHANGES IN THE LUNGS *

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It is with the conscious risk of a charge of unwarranted temerity that I venture to invite you to reenter a field of physical diagnosis in which each one has long delved as a master. My only excuse is that after twenty-odd years of special personal study of the subject the procedure of auscultatory examination became, of a sudden, fraught with a coveted wealth of information concerning early recognition of intrathoracic disorders wholly due to a new point of view for the application of an old method.

The clinical results thus obtained suggest the experience of the farmer whose twenty bushels to the acre under the tillage of his ancestors has increased a hundred per cent. with the application of a new line of thought to his labor. I am the more encouraged to believe that my personal sense of enlightenment, derived through the procedure to be described, is founded on objective facts because of experience with several patients who presented themselves shortly after having secured from real medical experts a report of perfect physical condition. That these patients were actually afflicted with pulmonary tuberculosis at the time mentioned was proved by recent positive sputa findings. The study of the thoracic acoustics in these cases clearly bespoke pathologic organic changes in the lungs, conditions which were amply verified on the skiagraphic plate.

Physical diagnosis demands different faculties and technics according as the organic changes, whose existence it is its object to establish, are well advanced or only in their incipiency. The adept who is able to announce the presence of a lobar pneumonia hours or even days before the development of the classic signs of the disease has cultivated art and imagination as they are not expounded in the text-books.

The natural history of pulmonary tuberculosis, involving as it does gradual alteration by insensible steps of the normal structure, size and elasticity of the thoracic viscera, would seem to imply that we can never hope to determine by physical means the very advent of the disorder. If our physical examination reveals lesions which can be definitely ascribed to tuberculosis, the patient is already far advanced on a course which, if not interrupted, will lead to a fatal termination. But there is a prologue to this pathologic history in which the plot of the story is foreshadowed by allusion and innuendo. By fortunate chance the alert critic of the prologue can, as at a rehearsal, completely change the finale of the contemplated play.

The earlier the stage at which we seek to determine morbid changes in the lungs the more important becomes the conscious appreciation of the physical signs which characterize the normal organs. This truism may be archaic; I venture to assert, nevertheless, that much of value lies still undetermined in the specific topographic distribution of the physiologic and pathologic physical signs of the chest. There is, for example, an assumed predilection of tuberculosis for the apices of the lungs. The lower half of the left lung has long been to me a wonder area. Why, for example, do we so often find in tuberculosis a soggy, airless left base which one is tempted to aspirate for a suspected effusion? Why, in tuberculosis, is the pulmonary tissue at the base and on the left border of the heart so apt suddenly to develop signs of consolidation which in the course of a few days abruptly clear up with a tympanitic note and evidence of cavity formation? It may be suspected that the topographic relations of the left auricle and of the pulmonary artery have much to do with the mechanics of the lower lobe of the left lung. Roentgen-ray studies of the chest show extraordinary variations in the prominence of those structures.

The work of Krœnig, Goldscheider and others has of late years taught us that a peculiarly light percussion of the apices of the lungs is capable of disclosing the presence of a morbid pulmonary condition which could not be recognized by ordinary means.

It should be pointed out, perhaps, that a percussion dulness elicited in this way does not imply a deposit of such magnitude as to give the impression of a dull mass itself, but rather that the disease has altered the resonance of the lung, irrespective of the amount of deposit, so that its vibration response to percussion shall be characteristically altered. The advocates of this light percussion method specifically limit its usefulness to the apices of the lungs. Although of undeniable value, the method seems to me to involve unduly the personal equation of the examiner, and it demands for its employment mechanical skill of unusual degree. The results of such percussion, moreover, must depend in large measure on the amount and distribution of solid tissue outside the thorax on the two shoulders; bilateral differences in muscular rigidity may also, possibly, play a part.

My own study has led me to the belief that through auscultation of the voice and whisper we have an unrivaled means for the detection of minute tissue changes throughout the pulmonary region.

There is a close analogy between the conditions determining the acoustic properties of the chest and those

* Read before the American Climatological Association May, 1913.

on which the acoustic features of a music hall depend. The details of structure in such a chamber vitally affecting its relations to sound have a minuteness that eludes calculation. We are safe in assuming that every change in the elasticity of the lungs and bronchial tubes, every deposit in contact with the vibrating air-columns, every abnormal congestion of the pulmonary parenchyma, must alter the natural resonance of the lungs and be capable of detection by the ear.

These are the conditions which signalize pathologic changes in the lungs apart from and preliminary to those adventitious signs known as râles. It is understood that adequate auscultation of the lungs involves a consideration of the findings from other methods of physical examination, especially the vocal fremitus and percussion resonance. Although the gradations in intensity, quality and distribution of the signs vary considerably among healthy subjects, there is, nevertheless, a fairly definite standard of the normal, departure from which is pretty sure to have a physical basis in disease.

In brief, it may be stated that, as pointed out by Fetterolf[1] and others, the more marked tactile fremitus and vocal resonance distinguishing the right from the left apex of the normal lungs depends on the immediate contiguity of the former structure with the resounding trachea, whose vibrations are thus transmitted transversely through the pulmonary tissue. Any infiltration of this tissue which improves its conducting or resonating properties must amplify and extend the sounds heard in auscultation.

Since it is very common, as shown on the Roentgen-ray plate, for the trachea to incline to the right of the middle line in its course through the chest, normal bronchophony at the right apex is variable in extent and intensity. It should, however, fade gradually from the vertebral column outward, posteriorly, and diminish rapidly below the spine of the scapula. The voice should not linger with an amphoric echo of heightened pitch, especially under pressure of the stethoscope. The whisper is, perhaps, normally confined to the inner third of the right apex laterally, and is limited by the inner lower border of the spine of the scapula below. At the left apex these acoustic characters are more limited in extent and tend to be confined to the upper inner segment of the lung. In the front of the chest the same general statements as to sound distribution hold good; normal bronchophony and whisper are most distinct at about the inner halves of the first interspaces, fading thence outward and downward, more rapidly on the left. The normal distribution of vocal fremitus as determined by touch shows the vibrations to be more or less strong at the inner right apex—fading gradually in a lateral direction, and but little marked or absent at the left apex. At the pulmonary bases the fremitus when present is nearly equal on the two sides, possibly slightly more intense on the left. Fremitus is significant of vibration of the chest wall itself, and it gives rise to a powerful resonant note under auscultation. This voicing of the chest wall proper is due to sympathetic vibrations which reinforce especially the lower or "chest tones" of the larynx.

In 1890, assisted by Miss Pollard, I demonstrated that the fundamental tone of the chest wall could be altered to a certain extent by changing the respiratory phase and tension of the thorax.[2] In fact, the vocal artist actually alters the vibration rate of the great thoracic resonator in a way to best reinforce the various notes of the musical scale. But as a whole, and under ordinary conditions, the fundamental tone of the chest wall is low in pitch and the structure is thrown into sympathetic vibration most readily by the lower or "chest" tones of the register. The importance of distinguishing these intrinsically mural from the purely visceral vibrations appealed to me many years ago, and I was able to show that the sympathetic vibrations of the chest wall itself could be essentially damped by the simple procedure of applying firm pressure to the bell of the stethoscope in contact with the skin.[3] For successful observations of this sort it is indispensable to use a purely air-conducting binaural stethoscope the chest-piece of which shall be thick and heavy and not provided with a vibratile disk.

To appreciate fully the influence of this stethoscopic pressure and the part played by mural vibrations in vocalization one should, at the outset, auscultate both with and without pressure the base of a lung during the voicing of a "chest note." The voice heard under stethoscopic pressure loses much of its "resonance" and intensity and rises in pitch. As pointed out in another place,[4] the high "head notes" do not especially invoke mural vibrations and hence are little altered by stethoscopic pressure. The mural vibrations being dampened, the ear perceives the laryngeal sounds only as transmitted and reenforced by the thoracic viscera. Any modification of the acoustic properties of the internal tissues may be detected by alteration of the normal sound.

Two kinds of sound are made use of in auscultation, namely, the voice and the whisper. The former is essentially a musical note due to periodic vibrations of the vocal cords and is prone to set up sympathetic vibrations in all elastic bodies impressed by it. The latter is "noise" or sound produced by non-periodic vibrations of several structures including, probably, the false cords and the soft palate. Non-periodic vibrations are ill calculated to induce sympathetic resonance. Accordingly, we should not expect to find whispered sound reinforced by sympathetic tissue vibration; it is heard only as conducted from the site of its production. Thus, a superficial excavation in the lung may be accurately outlined through the whispered sound, but the "cavernous voice" tends to spread beyond the limits of the cavity. On auscultating over the manubrium sterni whispered sound is heard with greater or less intensity. When such sound persists under firm pressure with the stethoscope, I am convinced that we have demonstrated an abnormal mass of conducting tissue, vascular or lymphatic, conveying the vibrations of the underlying trachea directly to the surface.

It was an important observation of Manges that a distinguishing mark of whispered sound is its lack of transmission.[5] This is a way of expressing the fact that whisper is incapable of exciting vibrations in the chest wall when the normal lung is interposed between the internal site of vibration and the surface. Normal lung tissue is an excellent "silencer" of sound. Air channels, penetrating stiff, sclerosed tissue are admirably adapted to transmit the vibrations of whisper. The morbid changes which are prone to involve the roots of the lungs even in early pulmonary tuberculosis—the fibrous infiltration and enlargement of the lymph-nodes in immediate contiguity with the back wall of the chest

1. Fetterolf, George: The Anatomic Explanation of the Greater Amount of Vocal Fremitus and Vocal Resonance Normally Found at the Apex of the Right Lung, Arch. Int. Med., February, 1909, p. 273.
2. Sewall, H., and Pollard, M. E. Jour. Physiol., 1890, xi, 159.
3. Sewall, H.: New York Med. Jour., 1897, lxvi, 758.
4. Sewall, H.: Am. Jour. Med. Sc., 1913, cxlv, 234.
5. Manges: Arch. Diagnosis, 1912, v, 209.

at about the level of the scapular spines—offer a rational explanation of the characteristic transmission of the whisper to this area.

A. d'Espine has long contended that bronchial adenopathy in the child can be readily detected through auscultation.

> **The special sign which permits us to diagnose the condition at an early period is based on the auscultation of the changes in the voice sounds at the level of the seventh cervical or first dorsal vertebrae. . . . The sign is most obvious when one makes the child speak or count in a low voice. The voice is then accompanied by an added whispering sound localized to one or two vertebrae, or possibly extending to the fourth or fifth.**[6]

B. Zabel indorses this method as superior to all others for the early recognition of bronchial adenopathy and points out, as did d'Espine, that when the diagnosis is uncertain by means of the voice it may be established through use of the whisper.[7]

It is common in acute pulmonary affections, as of lobar pneumonia or influenza, to find sharply circumscribed areas of transmitted whisper in the lower parts of the chest. Such an auscultatory condition may occur with none of the percussion dulness denoting consolidation. I can think of no reasonable explanation of the fact except it signifies intense hyperemia of the lung tissue through which its acoustic properties have been modified. The Roentgen-ray plates of such chests made for me by Dr. S. B. Childs have all presented in the area in question a uniform haze such as might be produced by a thin sheet of effusion, though there could be no suspicion of such an occurrence. Hyperemia of the pulmonary capillaries seems to be the most reasonable explanation of the finding.

A careful study of certain labile cases of chronic pulmonary tuberculosis will disclose now and then, especially after undue physical exertion or at the outset of a "cold," new areas of whisper transmission over one or the other lower lobe of the lungs. If the patient is kept at rest the whisper transmission in these areas gradually fails, and coincidently there occurs a clinical improvement in the patient's condition. Indeed, I have been led to combine all these facts in a working generalization, namely, that the earliest morbid signs of pulmonary infection are due to more or less localized hyperemias, which if sufficiently intense and near the surface may be recognized by transmission of whispered sound; but in any case, as will be noted below, may be manifested by an alteration in the normal vocal resonance. The prognostic importance of such hyperemia itself is probably wholly good for it is presumably a salutary reaction against toxic invasion; and the therapeutic indication is mandatory; it is absolute physical and mental rest.

The relatively acute pathologic condition referred to above is, of course, not to be confused with that more chronic state, having nearly identical auscultatory signs, in which there is evidence of pneumonic consolidation or fibroid infiltration.

Turning now to the auscultation of the voice we find, as should be expected on theoretical grounds, that it is marvelously capable of registering modifications in the acoustic properties of the thoracic viscera. When mural vibrations are damped by stethoscopic pressure we are in a position to apprehend the changes in the internal organs. In general, it may be said that with intense congestion of the lungs or such tissue changes as occur in early pulmonary tuberculosis, the voice takes on a more or less amphoric or tracheal character and it tends to become more distinct, prolonged, raised in pitch and nearer the ear with pressure on the stethoscope. When the patient counts "one, two, three," there is a tendency for the voice to linger with a bleating echo which is exaggerated by stethoscopic pressure.

Judgment and practice on the part of the examiner are essential to enable him to discriminate between the widely diffused ringing bronchophony transmitted by air-tubes traversing a somewhat hyperemic but normal lung, as shown by the skiagram, and those similar but differently distributed signs of incipient pulmonary pathologic change. Deductions from the results of so delicate a method as that under discussion must needs be guided by careful reasoning for the right interpretation of the facts it discloses. Nevertheless, as pointed out before, any one fit to carry on a physical examination can with a little application familiarize himself with the normal voice sounds and their distribution with and without pressure of an appropriate form of stethoscope and thus be in a position to detect changes in the pulmonary and bronchial apparatus which elude all other methods of examination.

Roentgen-ray pictures of the lungs may prove of the highest value either in reassuring one as to the absence of suspected trouble or in giving warning of a low ratio of vital resistance to infection virulence. For example, a patient who was thought to have probably recovered from a bilateral pulmonary tuberculosis came for examination after an absence of some months. There was now so marked an exaggeration, with amphoric tone, of voice and so plainly a whisper in the upper chest that the possibility of rapid excavation had to be considered. A Roentgen-ray plate, however, gave complete reassurance for it showed the lungs in good condition but plentifully marked with evidences of sclerotic healing—a tissue change which tends to exaggerate visceral vibrations and render the sound amphoric.

I should like once more to voice specifically the opinion that skiagraphic examination of the chest, through the photographic negative, has already become an indispensable adjunct to the more familiar procedures of physical diagnosis. Prognosis and therapy in early stages of tuberculosis find, in my experience, extraordinary illumination under the Roentgen ray. In "good" cases the skiagraphic evidences of scar tissue, opaque scattered flakes and strands, and calcification of lymph-nodes, are apt to be profuse even in the absence of ordinary morbid physical and clinical signs. In "bad" cases there may be softly mottled or "mossy" areas indicating infiltration without sharp shadows of fibroid tissue or calcification of lymph-nodes. Clinical experience with such subjects has shown me that they are exceedingly liable to retrograde with the slightest hygienic dereliction—the rest cure seems specifically necessary for them.

Briefly summing up the evidences that have been presented we may conclude: (1) that auscultation is capable of giving the earliest objective information of physical changes in the lungs; (2) that such study demands analysis of the sound into those vibrations due to resonance of the viscera and those of the chest wall, and that the latter vibrations can be damped by pressure of an appropriate form of stethoscope; (3) that vibrations transmitting the whisper are confined almost wholly to the viscera; (4) that the modification

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7. Zabel, B.: Bronchialdrüsendiagnostik, München. med. Wchnschr., 1912, lix, 2004.

of the voice sounds by which their quality becomes more amphoric and their duration prolonged into an echo are the striking characters which when accentuated by stethoscopic pressure indicate pathologic changes in the viscera; (5) that the character and distribution of vocal signs over the normal chest are sufficiently constant so that a topographic study of the chest by auscultation may definitely suggest, through recognition of departures from the normal, the intensity and distribution of morbid changes within the lungs, even when these changes are too slight to appeal to the senses through any other method.

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OSTEOMYELITIS WITH BONE TRANSPLANTATION *

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C. R., a French boy, 12 years old, living in Cambridge, was seen in consultation with Dr. H. C. Hache, Somerville, Mass. The patient had been sick for eleven days and had been seen by other physicians. Two months before he had received a cut in the right foot while skating, which had healed. Some days previous to our visit he had been skating and came home with wet feet; then was suddenly seized with intense pain about the right ankle. Swelling rapidly followed and extended to the knee. Pain was excessive, requiring morphin. Vomiting with repeated chills followed.

Examination.—Patient showed signs of septic absorption on Feb. 1, 1911, and appeared listless until leg was handled, then would cry out with pain. Right leg, which was swollen from ankle to knee, was held in a semiflexed position; was edematous and painful. Skin was red and had glazed appearance, especially over the greatest swelling, which was about the ankle. There was marked fluctuation in the vicinity of internal malleolus. A few lymph-nodes in right groin were swollen. Slight tapping on heel caused great pain. Diagnosis of acute osteomyelitis was made. Advised ether operation but it was not permitted until the next day, February 2.

First Operation.—An incision 4 inches long was made over the lower fourth of the tibia down to the bone. About a cupful of green pus was immediately set free. Another incision was made internal to the external malleolus two inches long just through the skin. Multiple small incisions were made through the skin for free drainage. The first incision revealed an area of tibia not covered with periosteum just above the epiphyseal line. In the center of this space was a minute opening in the cortex of the bone the size of a pinhead, through which pus was exuding. Periosteum was peeled back and the cortex chiseled for an area 2 inches long and ½ inch in width. Cortex was thickened, dense and very hard. Pus seemed to well up into wound from ankle-joint. Immediate improvement in general condition followed operation, and all pain, which before operation was described by patient as agonizing, had vanished. Bone-marrow was not disturbed. Wounds were packed with iodoform gauze, dressed every day and drained freely for eight weeks.

Fig. 1.—Lower part of tibia, 4 inches necrotic with involvement of lower epiphysis. This and the following roentgenograms were taken by Dr. George.

Fig. 2.—Attempt at regeneration of bone, 3 inches having formed at lower end of upper fragment of tibia.

Six weeks after operation, March 14, 1911, the first roentgenogram (Fig. 1) showed fully 4 inches of lower part of tibia necrotic with slight involvement of lower epiphysis. Periosteum was shown separated from surface of shaft. Proliferation of periosteum was very nicely shown to the extent of ¼ inch in thickness.

Second Operation.—The second operation was performed in the Fenway Hospital, March 30, 1911, eight weeks after the primary operation. Linear incision 5 to 6 inches long was made from the middle down to the lower end of the tibia. Tibia was exposed and periosteum carefully stripped from cortex of the bone from the lower epiphyseal line to 4 inches above it. At this point the tibia was sawed across with chain saw and removed down to, but not including, the lower epiphysis. As the Roentgen ray showed some involvement of the epiphysis, the latter was curetted very lightly. The periosteum was preserved and sutured with catgut. Plain gut was used for the skin, a drain at the lower end being left. Plaster bandage was applied with a window for drain-

* Read at the Clinical Meeting of the Mount Sinai Hospital, Boston, Feb. 6, 1912.

Fig. 3.—Represents foot turned in in talipes-varus position due to lack of support on inner side of leg.

Fig. 4.—Six months after last operation—shows callus formation at junction of tibia and fibula.

age. Patient was allowed to walk with a crutch in three weeks. Wound was drained until June 23, when all sinuses were healed.

July 23, 1911: Roentgenogram (Fig. 2) was taken showing some attempt at regeneration of bone, 3 inches having formed at the lower end of the upper fragment of tibia. There was marked hypertrophy of the fibula. The periosteum of the tibia which had been preserved with the hope that it would regenerate a new tibia was not a complete success, probably because there was considerable sloughing of the periosteum after the removal of the shaft, and also because some necrotic tissue had been left in the lower epiphysis, which it did not seem good judgment during the operation to curet very thoroughly.

September, 1911: A third operation was suggested but was refused by the parents of the boy. Later all casts were removed and the patient was allowed to go without any splints or bandage on leg, although it did not seem wise to allow him to bear any weight on the leg. The only splint was that of the fibula. A photograph (Fig. 3) was taken at this time showing how the foot turned in, assuming a talipes-varus position on account of the lack of support on the inner side of the leg. Transplantation of the fibula seemed to be the only means left and consent was obtained to the operation, which was performed Jan. 3, 1912.

Third Operation.—At Fenway Hospital, Boston, tourniquet was applied and an incision was made in the scar of last operation. Periosteum of tibia was dissected up for an inch or more and a small piece of tibia removed. Fibula was then isolated and cut across fully 1¼ inches above the cut in tibia. Fibula upper end was inserted into tibia and the cuff of periosteum of tibia was sewed to periosteum of fibula. With considerable difficulty the lower end of fibula was next exposed and cut longitudinally for a distance of 3 inches. Great care was necessary to split fibula without fracturing the inner piece. This was accomplished and the inner half was sprung over to the lower epiphysis of tibia, a grooved hole having been cut in the epiphysis to receive it.

Roentgenogram (Fig. 4) taken six months after last operation, shows considerable callus formation at junction of tibia and fibula.

Bone transplantation at present is used not only to fill in defects in bones in the same limb, but also to replace bones in other parts of the body. The various substances used as substitutes for bone are (1) bones from animals; (2) bone chips decalcified (used by Senn); (3) absorbable material, as catgut, and (4) non-absorbable material, such as rubber and Mosetig-Moorhof's mixture of spermaceti. One hundred and twenty cases were reported by the last named method and all successful.

Thomas W. Huntington of San Francisco reported a case in 1905 of a boy who had a defect of several inches in the tibia following partial regeneration of the periosteum. He suggested the use of the fibula to take the place of the tibial defect by transplanting the upper fragment, and six months later the lower end was transplanted to improve the weight-bearing function. The result was good.

The cases of Stone, Codman, MacAusland and Wood, all of Boston, and the one here reported are different from any others on

Fig. 5.—Photograph of both legs. Barring limitations of ankle movement, boy has good leg only ½ inch shorter than its fellow.

record in that one end of the fibula is attached to the tibial fragment while the other end is left in its normal attachment. Stone's operation was done in two separate stages, six months apart. His first step consisted in transplanting the upper fragment. The second step or operation consisted in splitting fibula and transplanting the lower fragment.

In the case reported by MacAusland and Wood, the lower fragment of the fibula was transplanted six weeks after transplanting the upper fragment, while in the case here reported both steps were done in one operation. As far as my knowledge goes it is the only case reported in which both upper and lower fragments have been transplanted at one operation.

A photograph of both legs (Fig. 5) was taken, December, 1912, almost a year after this paper was read. Boy is not wearing any support and has about one-half inch shortening. There is a slight limitation of motion at the ankle, but otherwise he has a good leg with good function.

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NEW OPERATION FOR THE CURE OF INDIRECT INGUINAL HERNIA

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This operation consists in making an incision, about 2 inches long, parallel with Poupart's ligament. The end of the incision should be about one inch above the usual location of the internal ring. The fascia of the external oblique muscle is divided in line of its fibers. The arching fibers of the internal oblique are separated and retracted. The fascia of the transversalis, together with the peritoneum, is opened. If adhesions are encountered they can be broken up by traction and blunt dissection with the finger within the sac.

The internal ring, including the neck of the sac, is caught up with an Allison tissue forceps or a hemostat and pulled up to the incision, where a purse-string suture of No. 3 plain catgut, on a needle, is passed around the circumference of the ring, engaging the fascia of the transversalis except at the junction of the inner and lower quadrant, where the vas deferens or round ligament is encountered; this is excluded externally from the ligature. Pulling up the internal ring and transversalis fascia restores them to the original position held before a hernia was produced (Fig. 1).

The purse-string is drawn taut, tied and the same suture is passed from within outward through the parietal peritoneum and through some of the fibers of the internal oblique muscle. It is then passed from without inward through the muscle and peritoneum of the opposite side of the incision, where it is tied to the free end of the purse-string. The next stitch is then passed through the peritoneum, then through what is now the superior portion of the ring. When this is drawn tight it faces and holds the ring firmly against the parietal peritoneum (Fig. 2). The remainder of the peritoneal incision

Fig. 1.—Operation for the cure of indirect inguinal hernia. *A*, deep epigastric artery; *B*, vas deferens; *C*, internal ring surrounded by purse-string suture, ready to be tied.

Fig. 2.—Further stage in hernia operation. *A*, internal ring, with purse-string suture tied, brought up to the lower end of peritoneal incision; *B*, this loop drawn tight before being tied to free end of suture; *C*, continuous suture passing through peritoneum from within outward; on return it catches up edge of ring at *C*, and on being drawn tight faces it against peritoneum.

is closed by a continuous stitch with the same suture. The remainder of the wound is then closed in the usual manner.

This operation has been performed in six cases of oblique inguinal hernia since October, 1912. Thus far there has not been a single recurrence of the hernia.

SUMMARY

1. This operation is more easily performed and requires far less time to complete than the older operations.

2. It requires a smaller incision, without the usual traumatism and strangulation of tissue, and with a small amount of catgut there is less chance of suppuration.

3. Restoring the inguinal canal to an oblique direction by drawing the internal ring to its normal position, causing the intra-abdominal pressure to be directed at right angles to the canal (thus preventing a shuttle-valve action) and closing and suturing the ring, renders a recurrence of the rupture practically impossible.

4. In a strangulated hernia if a resection is necessary, it is more easily and safely accomplished.

5. I find the internal so often opposite the external ring that I am led to believe that direct inguinal hernia is less frequent than reported.

6. There is little or no shock or pain following the operation, and the patient can be safely allowed out of bed in from three to five days.

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AN ANAEROBIC ORGANISM ASSOCIATED WITH ACUTE RHINITIS *

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CHICAGO

Many efforts have been made to determine the cause of acute rhinitis, but so far as I am able to learn all the investigations have been made with aerobic methods.

The organism now described has been found during the early stages of acute coryza, while the discharge is mucoid in character. At this time few, often no other, bacteria are present in the smears. The organism is often found in large numbers. As the mucus disappears or the discharge becomes purulent, it decreases in number and finally disappears. It has been observed in all of the cases of acute rhinitis studied. Eighteen different persons have been examined during the acute attack, one during each of four attacks and another during each of five, so that altogether I have made observations during twenty-five distinct attacks. Many examinations were made during the course of the infection in nine of these cases. In the case of an accompanying pharyngitis, tonsillitis or bronchitis, the organism is also found, sometimes in very large numbers in the sputum and mucus of the throat. It was present in small numbers in the nose in five cases examined when the rhinitis was disappearing. It was not found in thirteen normal persons, in one case of suspected syphilis and one case of diphtheria. In only one normal person were a few observed. The same organism has been seen in two cases of chronic rhinitis and was once isolated in pure culture by Dr. George F. Dick.

In order to find the organisms a fair amount of mucus should be spread on a slide and often a large number of fields must be examined. They generally appear in clumps, but may be found separate.

Carbol-gentian-violet and carbol fuchsin are the best stains, but the organism stains rather faintly even with these; it does not stain by Gram's method, methylene blue, thionin or the Giemsa stain. It may be seen by dark-field illumination. Some of the organisms seem to be flexible and possibly move a little, but most of them appear immobile, which may be due to the large amount of mucus present. They vary from 5 to 8 microns in length and from $\frac{1}{3}$ to $\frac{1}{2}$ a micron in width; the ends are pointed or slightly rounded; generally the bodies are slightly curved but may be straight, waved or bent over at one end. Sometimes an enlargement in the form of a ball is seen at one end. An arrangement in bunches also occurs, several organisms radiating from a central mass. A ring is sometimes attached to one extremity.

This organism is a strict anaerobe and grows slowly, at least at first. I have isolated it in pure culture on alkaline goat-blood agar four times; twice from the nose, twice from the throat. The colonies appear in from five days to a month as small, round, dull growths; after several transfers growth becomes more active, and in old cultures the growth becomes thick and greenish yellow in color. Growth occurs also on dextrose agar, ascites agar, and ascites agar with rabbit-kidney tissue along the stab canal, where it can be seen distinctly, and not merely as a haziness. In plain agar there is but little growth. In dextrose broth there is a flocculent growth.

Examined by dark-field illumination, the organism from cultures is slightly motile but loses motion quickly. Attached to the ends and sides, and also free, are light refractile bodies, the free bodies being very motile.

In cultures the organism measures from 3 to 8 microns in length and from $\frac{1}{3}$ to 1 micron in width. It here stains a little more deeply than in the smears from mucus, but remains Gram-negative and does not stain with methylene blue. Organisms grown on dextrose agar show deeply staining bands.

Morphologically the organisms from cultures look like the organisms found in the smears from the mucus. After long cultivation, however, there is a tendency to become larger, straighter and less bunched; while in the early cultures they are delicate and slightly curved, some very wavy, and some showing a radiating arrangement. Darkly staining bodies are seen, both attached to the ends and sides, and also free; an organism with a ring at one end is occasionally seen. The organism looks like a spirochete, but culturally it seems more like a bacillus, and whether it is a spirochete or a bacillus must be decided later.

During the acute stage of the rhinitis the opsonic index to this organism is low, rising as the infection subsides.

A slight rhinitis has been produced in a human subject (self). A pharyngitis also occurred, the infection beginning six hours after the inoculation and lasting about forty-eight hours. The organisms were present in fairly large numbers in the nose and pharynx eighteen hours after the inoculation and a few were still present until the third day. During this infection the opsonic index fell to .05, rising to 2.6 as the infection disappeared. A slight rhinitis has been produced in a dog also, but no organisms were found in the nose of the dog twenty-four hours after the inoculation.

Whether this anaerobe is the cause of acute rhinitis must be determined by further investigation. My observations show that in the cases of acute rhinitis examined it was present constantly during the early stage of the coryza.

1743 West Harrison Street.

* A Preliminary Report from the Memorial Institute for Infectious Diseases.

AN ANALYSIS OF 700 CASES OF LABOR *

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For a number of years I have kept a record of obstetric cases occurring in my practice. I have thought a careful study of these might be of general interest. It certainly has been of service to me.

TIME OF DELIVERY

The births have been distributed by months in the following manner:

January	61 births	August	68 births
February	49 births	September	68 births
March	55 births	October	57 births
April	58 births	November	48 births
May	68 births	December	47 births
June	60 births		
July	61 births	Total	700

* Read before Jefferson County Medical Society, April 14, 1913.

These results would seem to controvert the popular idea that most babies are born in very cold weather, as by far the larger number of my cases (383) occurred in the months from April 1 to September 30.

Delivery occurred at the following times of day, in three-hour periods:

12 p. m.-3 a. m.	72 cases	12 m.-3 p. m.	83 cases
3 a. m.-6 a. m.	87 cases	3 p. m.-6 p. m.	88 cases
6 a. m.-9 a. m.	102 cases	6 p. m.-9 p. m.	81 cases
9 a. m.-12 m.	90 cases	9 p. m.-12 p. m.	97 cases
Total a. m.	351 cases	Total p. m.	349 cases

Thus there were 337 cases of delivery in the night hours (6 p. m. to 6 a. m.) as against 363 cases in the daylight hours, again controverting public opinion. As a matter of fact, the single hour in which I delivered the greatest number of patients was 11 p. m. to midnight—forty-five cases. The fewest were delivered in the hour noon to 1 p. m.—twenty cases; but the smallest number in any three-hour period was from midnight to 3 a. m., as shown above.

AGES OF THE MOTHERS

With reference to the ages of the mothers, the births are classified according to the following grouping:

Mothers' ages from 13 to 14	2 cases
Mothers' ages from 14 to 15	2 cases
Mothers' ages from 15 to 17	40 cases
Mothers' ages from 17 to 20	116 cases
Mothers' ages from 20 to 25	223 cases
Mothers' ages from 25 to 30	174 cases
Mothers' ages from 30 to 35	82 cases
Mothers' ages from 35 to 40	41 cases
Mothers' ages from 40 to 45	20 cases
Over 45	None
Total	700 cases

By far the most prolific period of a woman's life is from 20 to 30, practically four-sevenths of the children being born to mothers between those ages. Nearly one-third are born to mothers between 20 and 25 years of age.

PARITY OF THE MOTHERS

Nearly half of the cases were in primiparae. Of these twenty patients were in the class termed "old," that is, more than 30 years old. Fifteen of them were between 30 and 35 years old. The others were from 35 to 43 years old. The use of forceps is required in a large percentage of these cases, more, I believe, from the large size of the child than from causes connected with the mother.

The next greatest number of cases were secundiparae. I have tabulated them in accordance with the parity of the mothers.

Labors	Mothers	Labors	Mothers
1	330	6	20
2	125	7	17
3	91	8	16
4	52	9	3
5	31	10	7
		11	3
		12	2
		13	3

The preceding table refers to the number of labors, not the number of children born, as in some instances there had been a twin pregnancy. This leads us naturally to the percentage of twin cases. In my seven hundred deliveries there were only eight twin cases, just a fraction over 1 per cent. of the total.

PRESENTATION

Of the 700 cases, 673 were head presentations; 22 were breech presentations; 5 cases were cross or face presentations. Practically speaking, in 96 per cent. of all cases of labor, one will have a head presentation to deal with; in 3 per cent. a breech and a little less than 1 per cent. will be cross or face presentation. I have encountered only two of the latter, one in a twin sac.

The 673 cases of head presentations may be arranged in the following classification according to position:

461 infants (68.5%) presented and were delivered in L. O. A.
58 infants (8.6%) presented and were delivered in R. O. A.
25 infants (3.7%) presented and were delivered in R. O. P.
4 infants (.6%) presented and were delivered in L. O. P.
97 infants (14.4%) presented R. O. P. but rotated to L. O. A.
18 infants (2.6%) presented R. O. P. but rotated to L. O. A.
20 infants (2.9%) presented L. O. P. but rotated to L. O. A.
1 child rotated from L. O. P. to R. O. A.
2 brow cases were converted to vertex.

In the two face cases encountered, the infant in the twin sac presented mento-anteriorly; this was quite a small child and gave no trouble. The other case was a mentoposterior in a multipara and the child was rotated instrumentally to a mento-anterior position and easily delivered. Both children lived. The latter case was seen in consultation.

Podalic version was done in all cross cases, with one exception in which the patient was a multipara; this was easily changed to a head case. Version was done in one head presentation.

In the 22 cases of breech presentations, single labors, the presentation was L. S. A. in 9 cases, R. S. A. in 10 cases, L. S. P. in 1 case and R. S. P. in 2 cases.

In twin cases, both presented head first in 5 cases; both presented breech first in 1 case, and one head and one breech in one case. In one case the occiput presented in one and the face mento-anterior in the other.

COMPLICATIONS OBSERVED

Placenta praevia was met only twice in this series. I have seen several others but they were in consultation cases not recorded here. I have lost none of the patients and have treated by packing until dilatation allowed the use of forceps or a pulling down of a foot. The children are usually stili-born.

Hemorrhage of sufficient gravity to cause it to be noted was met in 17 cases. I have found hot intra-uterine douches the best agent to control it. Carcinoma uteri was found in only one case—that of an octipara, 42 years old. There was serious hemorrhage during the period of dilatation, which was rapid and nearly complete when I arrived. Convalescence was normal, but as operative measures were absolutely declined, the patient died a few weeks later. Carcinoma gastrica was a complication in a 35-year-old primipara. She died of this a few months later.

Chorea was present in one case, a sextipara, aged 35. Severe heart disease was noted in six cases. I always use an anesthetic in these cases, believing that there is less danger in the chloroform than there is in the shock to the system without it. A vaginal polyp of sufficient size to interfere somewhat with delivery was found in one case. The pedicle was tied *en masse* and the polyp cut away.

Accidental hemorrhage was met only once; the child was still-born. Complete vaginal septum, obstructing labor, was found in one case. It was longitudinal, forming a double vagina. After complete dilatation of the

os uteri, it was cut and gave no further trouble. This case has been fully reported elsewhere.[1]

Acute yellow atrophy of the liver was met only once. Death resulted one week after delivery of a seven months' child, in a quartipara, aged 32. Severe varicose veins of the vulva were encountered in three cases. Procidentia uteri, the cervix being completely outside of the vulva, was found in one case.[2] Pin-hole os uteri in one patient, a primipara, aged 35, was immediately relieved by incision.

Three mothers were idiots; one was blind and two were deaf mutes; two were habitual morphin fiends; three were epileptics; two had Bell's palsy. Laparotomy was done for appendicitis during pregnancy—third month—in one case, with no bad results except to necessitate the use of forceps in delivery. The uterus had been previously suspended in one case and this fixation so interfered with uterine action as to render it necessary to use forceps to complete delivery.

Narrow pubic arch was noted in three cases. Protuberant sacrum was present in one case. Flat pelvis was noted six times. Fist or hand displaced delayed labor in three cases.

Eclampsia was encountered in twelve cases; practically all of these were in consultation work. I have seen a number of other cases of eclampsia, eighteen in all, but for various causes only twelve of these are recorded here; only one case has proved fatal and that woman was comatose fourteen hours before any physician was called. I use veratrum viride with a bold hand and dilate manually and apply forceps.

Very precipitate labor was noted in six cases. Hemorrhage is to be feared in these cases. Menstruation during pregnancy was noted in several cases, in one of which it was so regular and normal in every respect that the woman did not suspect that she was pregnant until she felt the child move.

Dry labor, or the early rupture of the membranes, is often a cause of slow labor. I have noted sixteen cases in which this occurred from twelve to forty-eight hours before labor set in; eight cases in which it was more than forty-eight hours before labor began after their rupture. In one case it was forty-six days. This case was reported.[3] Hydrops Amnii was noted in three cases. Relaxed symphysis pubis was very marked in two cases. In sixty-eight cases with the occiput anterior in fourteen with the occiput posterior, and in one mentoposterior it was found necessary to use forceps. In eleven of the occipitoposterior cases instrumental rotation was done, to anterior position; in the mentoposterior case the child was easily rotated to the anterior position and delivered. The forceps was applied to the after-coming head four times and to breech and after head in one case and to breech alone in one case.

A very short cord sometimes delays labor. In two cases I found it only 7 inches long. It was so short and about the neck in nine cases that it was broken at delivery as the head was expelled. The cord was around the neck one time in 130 cases, two times in twenty-four cases, two times around the neck and once around the arm, leg and body in one case each. It was around the neck three times in two cases; around the neck four times and the body one time, in one case; around the neck, arm and body in one case and around the body and arm in one case. A distinct knot was in the cord in three cases. Prolapse of the cord was noted three times. I have succeeded in replacing and delivering these cases by pushing up the cord and pressing the head well down. In one set of twins the cord came off from the same placenta by a common stem and divided about two inches from the abdomen. In the other seven cases, cords and placentae were distinct. In the one case there was only one sac.

Placenta succenturiata was noted three times; adherent placenta, requiring forcible detachment in five cases. Severe infection occurred in one case but the woman recovered after a long siege. Hour-glass contraction on the detached placenta caused some trouble in two cases. Hematoma vulvae, a very rare condition, occurred once. This case has been reported fully.[4]

Broadly speaking, perineal lacerations occur in all primiparae; exceptions are few. Likewise, cervical lacerations occur in all cases, regardless of how many children have been borne. All perineal lacerations, regardless of their depth, should be carefully, but not too tightly, sutured. Likewise, all cervical lacerations should be let alone, unless they penetrate so deeply as to involve the circular artery. This latter event has only occurred once in my experience, and in that case hemorrhage was furious but was quickly controlled by suture.

In these seven hundred cases, two mothers died, one of acute atrophy of the liver and the other of eclampsia. The latter patient, a negro, had been in coma for fourteen hours before any physician was called.

THE BABIES

Sex.—There were 344 boys and 348 girls in the 692 single labors. In the 16 children born twins—eight labors—there were 11 boys and 5 girls, making in all 353 girls and 355 boys in the 700 labors.

In 480 cases there were 21 still-births, a little more than 4 per cent. All infants were considered still-born that died within forty-eight hours of delivery, unless some distinct cause, aside from congenital conditions, could be shown.

Among deformities noted were two of hydrocephalus, in one of which there were also a spina bifida, club-feet and penis adherent to scrotum; two infants had cleft palate, one had a thumb absent, one had twelve toes, two had hypospadias.

1329 North 26th Street.

1. Am. Jour. Obst., 1907, lv, No. 2.
2. Virginia Med. Monthly, 1897.
3. New York Med. Jour., May 25, 1889, p. 572.

AN INSTANCE OF UNUSUAL SENSITIVENESS TO RESORCIN

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In May, 1907, a patient consulted me on account of a severe dermatitis of the scalp and forehead, following the use of a dandruff cure. I ordered soothing applications under which the symptoms rapidly subsided. At the next visit, however, nine days afterward, I noticed that he had acne of the back of the neck, for which I prescribed a resorcin paste. I ordered this of moderate strength, 3.25 per cent., because the dermatitis had not yet entirely subsided. This application caused a violent reaction, and kept the patient awake all night. I then explained to him that the good effects of many medicines, among them resorcin, lay in their stimulating nature, and that with this preparation reduced one-half we would get its benefits without its

4. Am. Jour. Obst., May, 1905.

overaction. This was accordingly done. The paste diluted one-half, and therefore about 1.625 per cent., still caused a violent reaction. Not only was this ointment weak, but also care was taken to have the resorcin evenly distributed in the ointment mass by first mixing it with warm glycerin, and the irritant action of the resorcin was further modified by association with oxid of zinc. The paste was prepared as follows:

℞	Resorcin	4 parts
	Glycerin	2 parts
	Zinc oxid	15 parts
	White wax	3 parts
	Benzoinated lard	100 parts

First mix the resorcin in the hot glycerin. Melt together the wax and the lard, and then add the oxid of zinc and the resorcin-glycerin while constantly stirring.

The patient now recognized from the similarity of the symptoms that the dermatitis caused by the barber's lotion and the two attacks that I had succeeded in giving him were all really from the same substance, resorcin. Not wishing any further treatment along that line he stopped his visits.

The patient telephoned to me September 25, 1912, saying that he had had another attack from his old enemy, resorcin. He had been up country for a few days, and on arriving home told his sister he had a little irritation of the face and neck from sunburn. This sister, whom I was treating for rosacea, told him she had the loveliest and most healing of ointments, and she straightway applied it. During the night he awoke and instantly recognized the same drawing, burning sensation accompanied by intense itching that he had experienced both with the dandruff cure and with the paste I had prescribed for his acne five years before. His sister's ointment, among other ingredients, contained about 7.5 per cent. of resorcin, and was therefore much stronger than the previously mentioned paste. The dermatitis was very severe, and the pruritus was atrocious, an interesting circumstance in view of the fact that resorcin, like the phenols, is, supposedly, antipruritic. The skin was thickened, brawny, and bright red, and there were many vesicles, some of which were nearly bullae.

The patient's sufferings were not alleviated by reflecting on the manner in which his latest trouble had arisen. Ever since his first experience he had been careful to avoid all possibility of a recurrence of the accident, and had been particularly watchful of barbers and their lotions. To have his sister become the means of getting another attack he therefore considered an especially shabby bit of bad fortune.

On inquiry if he knew of any hereditary sensitiveness to drugs in the family he said he did not, and added that if any such idiosyncrasy existed he should know of it, because his sister was a full sister, and they were both children of parents who were first cousins. With this close relationship it is particularly interesting that the patient should exhibit this strong idiosyncrasy and his sister be quite normal.

Resorcin is a phenol isomeric with pyrocatechin and hydrochinon; the two latter are, however, not employed in medicine. It is soluble in alcohol, in glycerin and in water, and is colorless and odorless, and may be associated without incompatibility with a great number of other medicaments. These good qualities, together with its intrinsic therapeutic merits, make it a favorite with men practicing in diseases of the skin.

Török[1] recommends a weak watery solution (from 1:1,000 to 2:1,000) of resorcin in inflammations of the skin complicating pyogenic infection. I have never used it in this way. It might act as a weak antiseptic, and also soothingly and beneficially on the epithelium, being analogous in this respect to phenol (carbolic acid) and the coal-tars. Employed on the skin as a 6 or 7 per cent. ointment or a 5 per cent. lotion, it acts as a beneficial stimulant, antipruritic and antiseptic.

Sabouraud, in his recently published work on diseases of the skin, includes resorcin in a number of formulas for the treatment of psoriasis, pityriasis and pustular dermatitis of the scalp, the non-leeting or non-oozing intertrigos, seborrheic eczema of the forehead and of the naso-genial fold, and in that form of alopecia areata in which a great many bald patches appear at one time. For painful fissuring of the hands or lips due to exposure to cold he advises the use of a weak (0.1 per cent.) resorcinated glycerole of starch, and in chronic acne of the back of the neck he combines resorcin with sodium chlorid and sulphur. His reason for making this last combination is that, according to the researches of Brisson, free sulphuric acid is formed which causes the sulphur to act more deeply in the tissues. The notes of Sabouraud's work[2] are given here to show in what esteem he holds this drug, although he does not specially mention it or review its action.

Resorcin is frequently prescribed in acne of the face, in which it is an excellent remedy. In a paste of from 7 to 8 per cent. strength it exerts the beneficent action of the coal-tars on epithelial cells, an action that could be designated as eu-epithelial, and it is also a stimulant and an antiseptic. To get a beneficial, soothing effect it may be necessary, especially in erethic cases, in which flushing of the face is a prominent symptom, to reduce the strength of the ointment to 3 or 4 per cent., always taking care to combine it with zinc oxid, in order still further to reduce its stimulating action on the blood-vessels. If an active desquamation of the epithelial cells is desired, as in the treatment of acne called "shelling," then a much stronger ointment may be used, even up to 15 or 20 per cent. I never employ it in this way.

When the eruption of lupus erythematosus is acute and very stimulating treatment such as that with solid carbon dioxid is out of the question, then a milder course is judicious. At night equal parts of ichthyol and water may be painted on, and wiped off the following morning with olive oil, and then the following mild resorcin paste applied, to be left on during the day:

℞	Resorcin	2 parts
	Glycerin	1.5 parts
	Zinc oxid	5 parts
	White wax	1 part
	Benzoinated lard	33 parts

Mix. Apply during the day.

Resorcin when applied to the skin may poison by absorption. Nothen[3] has reported two such instances. One of the patients, a boy of 19, was ordered a 15 per cent. resorcin-sulphur salve as a treatment for seborrheic eczema. A deep coma developed, from which he finally recovered. The other patient was an infant, 11 days old, for whom a 7 per cent. resorcin-petrolatum ointment was ordered as a dressing for pemphigus neonatorum. This patient died. Nothen advises care in the employment of

1. Török: Die lokale Behandlung d. Entzündung oberfl. Hautkrankheiten, Arch. f. Dermat. u. Syph., cxi, 127.
2. Sabouraud, R.: Entretiens dermatologiques, Paris, 1913.
3. Nothen, H.: Ueber Resorcinvergiftung bei äusserer Anwendung, Med. Klin., 1908, iv, 901; abstr., Dermat. Jahresb., iv, 38

resorcin in children and in delicate people, or when there are large raw surfaces permitting free absorption. Sigismund Kaiser[4] also has reported a nearly fatal intoxication following the employment of a 50 per cent. resorcin zinc oxid paste.

CONCLUSIONS

In summing up we may say that resorcin when applied in full strength on the skin acts as a highly irritant caustic. It is a powerful antiseptic, and when applied as a strong lotion or ointment, causes an active desquamation of the upper epithelial layers. It therefore is an efficient cutaneous antiseptic, both because it kills the bacteria, and because it produces an exfoliation of the bed in which they lie. Besides being a caustic, an irritant and an antiseptic it has a eu-epithelial action common to it and the tars and coal-tars, so that when properly diluted it lessens cutaneous irritation, and favors the return of epithelial cells to normal physiologic function. When applied in strong dosage over large surfaces, especially if these surfaces are denuded, it may be absorbed and cause dangerous symptoms of internal poisoning, or even coma and death.

323 Geary Street.

DIABETIC FOODS OFFERED FOR SALE IN THE UNITED STATES

A PRELIMINARY REPORT

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Recent references in THE JOURNAL to gluten flours and certain other foods offered for the use of diebetics suggest that a preliminary report of an investigation just about completed in my laboratory by Prof. L. B. Mendel and myself might be useful to many diabetics and to physicians who are called on to arrange their dietaries.

In 1906 this laboratory, then under the direction of Dr. A. L. Winton, who is now with the Department of Agriculture, made its first examination of commercial diabetic foods. In nearly every year since it has analyzed various other brands as they appeared on the market. The demand for the reports on these foods and the many inquiries directed to us have led us to make a more extensive review of the situation, and to collect as far as possible all information as to the quality of the so-called "diabetic" foods offered to the American public. That the present state of the market is unsatisfactory is well known, and the inferiority (from the diabetic's point of view) of many of the products at present offered is unfortunately familiar to all careful dietitians. The most dangerous feature of the present situation is that the unsuspecting patient is led to purchase foods, generally at an exorbitant price, which are not only misrepresented but which may be positively harmful to him. In this day of self-medication this condition is all the greater menace to the diabetic.

Without any attempt to suggest methods of treatment for diabetes, which is the province of the physician, I may say that it is well recognized that diabetes is primarily a disturbance of nutrition, in which the normal ability of the body to make use of carbohydrates is more or less completely impaired. All recent authorities agree in placing the chief emphasis on the rôle of diet in the management of this disease. Janeway, Benedict, Joslin, Futcher, Falta, Strauss, von Noorden and other writers on diabetes could be quoted at length in support of this view. The importance of a restriction of the carbohydrates in certain cases and certain aspects of diabetes is admitted by practically all competent authorities. In order to prescribe a starch-free and sugar-free dietary, which at times is necessary, and to know accurately the actual amount of these carbohydrates contained in the various available foods, the physician must rely on the co-operation of the chemist to furnish this requisite information. This is our excuse, if any be needed, for our present investigation.

There seems to be some uncertainty as to what sort of preparation is entitled to be sold as a "diabetic" food. Granting the desirability of feeding the patient all the carbohydrate he can tolerate, and recognizing the possible value of the oatmeal, potato, rice and other treatments, in which a relative abundance of carbohydrate is fed for a limited period, it would seem that a low percentage of carbohydrates should be a requisite for a "diabetic" food. Certainly no special food containing nearly as much carbohydrate as a normal food of the same class should be entitled to this appellation. Flours, breads,, biscuits, chocolates, breakfast-foods, macaroni, etc., containing only a slightly lowered percentage of carbohydrates, are no more entitled to be called "diabetic" foods than the normal foods themselves. It is true that, when a patient's carbohydrate tolerance is well established, the use of foods containing 20, 25 and even 35 per cent. of carbohydrates might be permissible, when used under the direction of a competent physician; but when a strict diet is necessary, such as is required to determine this tolerance, even these relatively low percentages are objectionable, if not dangerous.

It has been our purpose to include in this investigation, as nearly as possible, all available data on the composition of all diabetic foods sold in America. Our report, therefore, will be in part compiled, but in greater part will consist of our original analyses. It will show 539 analyses of about 400 brands, 200 of which are our own new analyses and 110 those made in this laboratory in previous years.

While the purpose of this preliminary note is to call attention to the better preparations rather than to emphasize those which are obviously objectionable and fraudulent, it may not be out of place to summarize briefly our findings in general. The full details of the investigation are now being prepared for publication and will shortly be issued as a report from the Connecticut Agricultural Experiment Station.

One hundred and eight samples of sixty-eight brands of flours and meals are included in the report. Sixty-seven of these were sold as "gluten" flours, twenty of which did not even satisfy the low government standard of 35 per cent. protein. Twelve samples contained less than 13 per cent. carbohydrates, while the remaining gluten flours ranged from 28 to 76 per cent.

The soy bean flours contained from 23 to 26 per cent. of carbohydrates, the almond meals 17 per cent., and a cotton-seed flour 21 per cent. Other "diabetic" flours, not specifically sold as "gluten" flours, contained from 67 to 80 per cent.

The purchaser of gluten flours at the present time may obtain preparations containing from 87 to 11 per cent. of protein and from 4 to 76 per cent. of carbohydrates, at a cost of from 9 cents to $1.56 per pound.

In view of the government's low standard for gluten flour, and because of the wide variations in composition

4. Kaiser, Sigismund: Berl. klin. Wchnschr.; abstr., Dermat. Jahresb., i, 37, 33, 1039.

found in the brands at present on the market, proper protection of the diabetic demands that the manufacturers of these flours should be required to state on the label the guaranteed percentages of both protein and carbohydrates.

Three samples of American soft gluten breads contained from 35 to 37 per cent. of carbohydrates; two other brands contained 49 and 54 per cent., little, if any, lower than found in ordinary wheat bread.

One hundred and forty-eight analyses of 112 brands of hard breads, biscuits, rusks, cakes and other bakery products are included. Eight brands of *Lufthrot*, or aerated bread, are reported; two of these contained from 9 to 12 per cent. of carbohydrates, one 20 per cent., two from 31 to 33, and the other three from 44 to 54 per cent.

A number of the brands of rolls, biscuits, breads, etc., showed satisfactorily low percentages of carbohydrates, thirty-five samples containing from 1 to 25 per cent., forty-four samples containing from 35 to 55 per cent., and forty-one over 55 per cent., seven of the latter exceeding 72 per cent.

The cost of the *Luft* breads ranged from 71 cents to $2.33 per pound. Biscuits, containing 11 per cent. or less of carbohydrates, cost from 72 cents to $3 per pound. A number of brands, containing from 43 to 77 per cent., cost from $3 to $3.60 per pound. Even the cheaper preparations, containing from 50 to 77 per cent., no better, and in some cases even worse, for the diabetic's use than ordinary bread, cost from 30 to 41 cents per pound.

Fourteen samples of breakfast-foods were analyzed, five of which contained from 44 to 54 per cent. of carbohydrates, somewhat lower percentages than normal. Seven of the ten brands of recommended macaroni, noodles, etc., contained over 70 per cent. of carbohydrates, the other three from 42 to 51 per cent.

The analyses are given of fourteen samples of peanut butter, five of almond paste and butter, two of pine-nuts, one of almonds and ten of miscellaneous nut foods. As was to be expected, most of these preparations proved to be suitable diabetic foods. The peanut butters contained from 12 to 20 per cent. of carbohydrates, with an average of 15 per cent. The three almond pastes contained from 30 to 40 per cent., one showing an addition of 11 per cent. cornstarch. The two almond butters contained only 7 and 8 per cent., the pine-nuts from 3 to 8 per cent., and the almonds 16 per cent. The other nut preparations contained from 6 to 44 per cent. carbohydrates.

Seven brands of diabetic chocolates contained from 10 to 50 per cent. carbohydrates, while four cocoas contained from 21 to 51 per cent. The chocolates cost from $1.63 to $2.06 per pound, and the cocoas were similarly expensive.

Two sugar-free milks were examined which were true to name, containing only the merest traces of carbohydrates. One "diabetic" baking-powder examined contained no starch, another brand from 14 to 16 per cent. Various jams, preserves and other fruit products were examined which contained from 1.24 to 7 per cent. of invert sugar, percentages far below the normal. A currant-juice contained only 0.85 per cent. of invert sugar. Four of the fruit preparations were artificially colored with a coal-tar dye—a permitted color to be sure, but seemingly quite out of place in foods intended primarily for the use of invalids.

As already stated, the main purpose of this investigation was not so much to detect fraud as to secure information which would be of benefit to the diabetic and to the physician who seeks foods suitable for a low carbohydrate diet. In the accompanying tabulations a summary is given of the brands, *sold as diabetic foods*, which showed less than 35 per cent. of carbohydrates, arranged in the order of their carbohydrate[1] content. A date in parentheses following a brand name signifies that the brand named showed variations in different years; in other cases, in which the agreement was close, the results have been averaged.

BRANDS SHOWING UNDER 5 PER CENT. OF CARBOHYDRATES

	Per Cent.
Casoid Baking Powder	.0
Dr. Bouma Sugar-Free Fat-Milk	.0
Whiting's Sugar-Free Milk	.0
Rademann's Currant Juice "ohne Zucker"	0.9
Kalari Batons (1909)	0.9
Glidine	1.0
Casoid Sugarless Marmalade	1.2
Casoid Sugarless Jam	1.5
Kalari Biscuit	1.7
Casoid Dinner Rolls	2.1
Casoid Flour	2.2
Jireh Diatetic Pine Nuts	3.4
Rademann's Preserved Fruits, "entzuckert"	3.5
Kellogg's Protose	3.6
Barker's Gluten Food "A"	4.1
Kellogg's Pine Nuts	4.2
Kellogg's 80 Per Cent. Gluten Biscuit	4.4
Bischof's Gluten Flour	5.0

BRANDS SHOWING FROM 5 TO 10 PER CENT. OF CARBOHYDRATES

	Per Cent.
Casoid Biscuits No. 2	5.6
Rademann's Preserved Fruits "in eigenen saft"	5.7
Barker's Gluten Food "B"	5.9
Kellogg's Nuttolene	6.3
Nashville Sanitarium Nuteysa	6.3
Huntley and Palmer's Akoll Biscuit	6.5
Nashville Sanitarium Nutfoda	6.8
Rademann's Preserved Fruits "ohne Zucker"	7.0
Muller's Tomatoes für Diabetiker	7.3
Barker's Gluten Food "C"	7.7
Kalari Batons (1913)	7.7
Casoid Biscuits No. 3	7.8
Kellogg's 80 Per Cent. Gluten (1912)	7.9
Casoid Biscuits No. 1	8.0
Kellogg's Almond Butter	8.2
Fromm's Uni Bread	9.0
Metcalf's Vegetable Gluten (1913)	9.8

BRANDS SHOWING FROM 10 TO 15 PER CENT. OF CARBOHYDRATES

	Per Cent.
Kellogg's Pure Gluten Biscuit (1906)	10.2
Health Food Pure Washed Gluten Flour (1913)	11.1
Health Food Alpha Diabetic Wafers	11.3
Loeb's Imported Gluten Flour	11.8
Health Food No. 1 Proto Puffs	11.9
Kellogg's Potato Gluten Biscuit (1906, 1909)	11.9
Kellogg's Nut Meal	12.1
Kellogg's 80 Per Cent. Gluten (1909)	12.5
Nashville Sanitarium Nut Butter	13.0
Kellogg's Nut Butter	13.9
Bischof's Diabetic Gluten Bread	14.3
Jireh Diabetic Baking Powder	15.0
Peanut Butter (range from 12 to 20)	15.0

BRANDS SHOWING FROM 15 TO 20 PER CENT. OF CARBOHYDRATES

	Per Cent.
Casoid Chocolate Almonds	16.1
California Paper Shell Almonds	16.3
Callard's Cocoanut Biscuit	16.4
Rademann's Diabetiker-Chokolade	16.9
Health Food Almond Meal	16.9
Callard's Ginger Biscuit	18.1
Callard's Prolactic Biscuit	19.3

1. In the tables "carbohydrates" is used as synonymous with "nitrogen-free extract."

BRANDS SHOWING FROM 20 TO 25 PER CENT. OF CARBOHYDRATES

	Per Cent.
Callard's Almond Shortbreads	20.7
Callard's Casoid Rusks	20.8
Rademann's Diabetiker-Makronen	20.8
Health Food Protosoy Diabetic Wafers	21.2
Jireh Patent Cotton-Seed Flour	21.3
Casoid Lunch Biscuit	21.6
Rademann's Diabetiker-Chokolade Biscuit	21.9
Cereo Soy Bean Gruel Flour	23.7
Health Food Salvia Sticks	24.0
Health Food Protosoy Soy Flour	24.5
Metcalf's Soja Bean Meal	25.0

BRANDS SHOWING FROM 25 TO 35 PER CENT. OF CARBOHYDRATES

	Per Cent.
Jireh Soja Bean Meal	25.8
Brusson Chocolat with Added Gluten	26.4
Rademann's Diabetiker-Stangen	27.0
Rademann's Diabetiker-Dessert-Gebäck	27.5
Nashville Sanitarium Malted Nut Food	27.5
Metcalf's Vegetable Gluten (1906)	28.1
Health Food Pure Washed Gluten Flour (1906)	29.5
Fromm's Luft Bread	30.7
Spencer's Almond Paste	31.6
Fromm's Conglutin-Diabetiker-Schokolade	32.7
Health Food No. 2 Proto Puffs	33.3
Ferbuson Gluten Bread	33.6
Gum Gluten Breakfast Food	34.2

THE ABSURDITIES AND THE COMMERCIALISM OF THE PROPOSED NINTH DECENNIAL REVISION OF THE UNITED STATES PHARMACOPEIA*

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As a list of drugs approved for the next Pharmacopeia has already been published, and as the United States Pharmacopeia is a book of public interest and a legal standard, made so by the federal Food and Drugs Act, what follows is no breach of confidence but rather a necessary presentation for public approval, or disapproval, of a subject that is vital to each and every person who may become a patient, and especially vital to each and every physician, namely, what drugs and preparations shall be officialized in the next Pharmacopeia, a book of standards of purity of the drugs and preparations that are of therapeutic value. A thing that has no therapeutic value should not be termed a drug, and useless things should not appear in this book of drug values.

The primary question is, then, who shall decide what drugs are of sufficient positive therapeutic value, in this year 1913, to be given a legal official standard for the next ten years? Shall things like lemon-peel and orange-peel be dignified by official description ("Limonis cortex, the recently separated outer rind of the ripe fruit of *Citrus limonum* risso; Aurantii dulcis cortex, the recently separated outer rind of the ripe fruit of *Citrus aurantium* Linné") in this book to the distinct belittling and actual insult of such drugs as quinin, digitalis and strychnin? Placing lemon-peel in a legal position coequal to that held by digitalis is like inviting the boy who takes your hat to a seat at the guest table with the president of a country, or like giving the laborer who digs the grave a seat in the chancel with the minister who reads the burial service; it is absurd.

Shall drugs which are therapeutically valueless and whose activities are mythical and historical (such as marigold, saffron, condurango, etc.) appear in this supposedly scientific book of drugs found valuable in the year 1913?

Now, who selected these drugs and preparations that have been approved for the ninth revision of the United States Pharmacopeia, at least approved up to the date of March, 1913? Let us pray that the revision committee, the servants of the public, appointed for the public good, will reconsider this list and cut out the absurdities and commercialism from this ninth revision. No layman desires to take any drug but the best, if he must take any at all, and the best preparation of it. No physician would desire any less.

1. At the Pharmacopeial Convention, in 1910, it was stated on the floor of the house that it was the duty of physicians to select the drugs, and the duty of the pharmacists to decide how the preparations of the drugs should be made.

2. Fifty members of the Pharmacopeial Convention were elected a committee on revision. Of these fifty, six only are practicing physicians; that is, only six members of this revision committee are qualified to judge at the bedside of the value of the action of a drug.

3. A subcommittee on scope was appointed, consisting of seven men, four of whom are practicing physicians, Doctors S. Solis-Cohen (chairman), Philip Marvel, H. C. Wood, Jr., and O. T. Osborne; two are skilled medical laboratory pharmacologists, Drs. Reid Hunt and Torald Sollmann; and one, a skilled pharmacologist from the standpoint of pharmacy, Dr. Rusby. This committee, after my urgent insistence, adopted the following guide for the selection of drugs for the Pharmacopeia, namely: that the drugs shall be of "therapeutic usefulness" or of "pharmaceutic necessity." This of course became a joke, as it was not at all lived up to, any more than was the decision that physicians should be the ones to select the drugs.

4. The executive committee, composed of the chairmen of the various subcommittees, consists of one practicing physician (Dr. Cohen), two scientific medical laboratory men (Drs. Sollmann and Anderson), Dr. Wiley, ex-chief of the Bureau of Chemistry, and the other eleven are representatives of some branch of pharmacy. This executive committee is the "court of last resort," and has the final vote on the recommendations of the Subcommittee on Scope. They can approve or disapprove of such recommendations by a simple plurality of the votes cast.

One hundred and fifty-eight drugs and preparations were deleted by the subcommittee on scope. Seventy-nine of these deletions, just half, were voted in by the executive committee in spite of this adverse recommendation, and it will be remembered that the only member of the executive committee practicing at the bedside had already voted once in the subcommittee on scope, and had himself dissolved, favorably to admission, in the subcommittee sixty-five tied votes. The executive committee also exercised its prerogative rather discourteously to the subcommittee on scope by approving a number of drugs and preparations that had not even come before the subcommittee. Among such drugs are fluidextract of phytolacca, tincture of quillaja, oleoresin of parsley seed, purified animal charcoal, etc. It should be remembered in urging deletions that any physician can obtain a drug or preparation omitted from the new Pharmacopeia by the standard placed in an older Phar-

* Read at the Fourteenth Annual Meeting of the American Therapeutic Society held in Washington, D. C., May 5 and 6, 1913.

macopeia. Therefore, the deletion of useless drugs and preparations does not mean privation.

One hundred and seventeen thousand prescriptions were collected from different parts of the United States and printed and circularized by the chairman of the revision committee, and this list was used as a basis to estimate the number of times a drug was ordered as to whether it had therapeutic value or not. In other words, considering the large number of useless, worthless drugs and preparations approved for this next Pharmacopeia, the book will be founded more or less on commercialism and not on medicinal or therapeutic values. Officialization of a worthless drug allows the pharmaceutical houses to make these useless preparations and compels the druggist to buy them and to carry on his shelves a mass of articles which are absolutely useless from every scientific and clinical point of view. This is commercialism.

STANDARDS

This word is much overworked, and is used as a cloak or covering for all sorts of arguments and all kinds of defense of all kinds of drugs and preparations by those who desire a large Pharmacopeia. How can you standardize such a thing as lemon-peel or saffron? Many so-called drugs cannot be standardized by any known method. The pharmacal members of the revision committee, and especially the chairman of the revision committee, believe that it is necessary to officialize every ingredient of every fool preparation, placing it in its alphabetical order in the Pharmacopeia. Carrying out this rule causes the most ridiculous absurdities. The officialized lemon or orange is obtained from the nearest fruit store, the flaxseed from the nearest feed store, the olive oil in purity depends on from whom it is bought, etc., etc., *ad nauseam*. Why do we not officialize raisins, cranberry sauce, currants, wine jelly, fig syrup, unfermented grape juice, rum, gin? Why not champagne? Extract of malt has been officialized; why not beer?

Another great bugaboo of the members of the revision committee who think the Pharmacopeia should cover everything is the fact that, if we want a certain substance officialized, its antecedent must be official. This causes more absurdities and also many gross inconsistencies. The fact that we need an aromatic oil up to standard is no reason for officializing that particular aromatic. Inconsistencies are shown by the fact that dilute hydrocyanic acid has been recognized without an antecedent, and dilute hydrobromic acid also. We do not state how the whisky of the Pharmacopeia should be made. We did not state from what grapes the red and white wine of the last Pharmacopeia should be made, etc. In other words, it is absolutely impossible to be consistent, and why should we load the Pharmacopeia with substances that have no value whatsoever as drugs?

The following drugs, preparations and things approved by the executive committee for the next Pharmacopeia are substances that I criticize. Please remember "that medical men were to select the drugs that should enter the Pharmacopeia"; also please remember that the subcommittee on scope adopted as its guide "therapeutic usefulness" and "pharmaceutic necessity." Unless anything which can be sold at a profit be considered a pharmaceutic necessity the lack of necessity of standardizing some of the following substances will be readily noted, and the lack of consistency that is inevitable is obvious; hence, once more, why litter up an official, supposedly scientific book like the United States Pharmacopeia by listing and describing the majority, at least, of the following substances?

Adeps (lard).
Althaea (marshmallow).
Amygdala dulcis (sweet almond).
Amylum (starch).
Aqua.
Aurantii amari cortex (bitter orange-peel).
Aurantii dulcis cortex (sweet orange-peel).
Cantharidis (Spanish flies).
Cera alba (white wax).
Cera flava (yellow wax).
Cetaceum (spermaceti).
Charta sinapis (mustard paper).
Coccus (cochineal).
Coriandrum (coriander).
Emplastrum adhesivum (adhesive plaster).
Extractum malti (extract of malt).
Foeniculum (fennel).
Gelatinum (gelatin).
Gossypium purificatum (absorbent cotton).
Humulus (hops).
Limonis cortex (lemon-peel).
Limonis succus (lemon-juice).
Linum (flaxseed).
Lycopodium.
Maltum (malt).
Manna.
Mel (honey).
Mel depuratum (clarified honey).
Mel rosae (honey of roses)
Mentha piperita (peppermint).
Mentha viridis (spearmint).
Oleum gossypii seminis (cottonseed oil).
Oleum lini (linseed oil).
Oleum olivae (olive oil).
Paraffinum (paraffin).
Pepo (pumpkin seed).
Pix liquida (tar).
Pyroxylinum (soluble guncotton).
Resina (rosin).
Rosa gallica.
Saccharum (cane-sugar).
Saccharum lactis (milk-sugar).
Sapo (white Castile soap).
Sassafras.
Sassafras medulla.
Sevum praeparatum (prepared suet).
Sodii chloridum (salt).
Terebinthina (turpentine).
Terebinthina Canadensis (Canada turpentine).
Ulmus (slippery elm).
Vanilla.

The following spices are not needed in the Pharmacopeia. Their oils are officialized.

Anisum (anise).
Capsicum (red pepper).
Cardamomum (cardamom).
Carum (caraway).
Caryophyllus (clove).
Cinnamomum Saigonicum (Saigon cinnamon).
Cinnamomum Zeylanicum (Ceylon cinnamon).
Myristica (nutmeg).
Pimenta (allspice).
Piper (black pepper).
Salvia (sage).
Sinapis alba (white mustard).
Sinapis nigra (black mustard).
Zingiberis (ginger).

Many of the above preparations, such as spices, sugar, lard, olive oil, linseed oil, salt, etc., are required by the pure food laws to come up to a certain standard. For such articles as orange-peel, lemon-peel, etc., there can be no standard. If it is the object of the Pharmacopeia to prove what lemon-peel is, the description should go back to the lemon tree, as it might not be a lemon unless proved such from the beginning.

As the Pharmacopeia is not a book of sanitary science, it does not seem advisable to describe or standardize water. If plain (not distilled) water is used in making preparations, it will be the ordinary drinking-water of the city, town or village in which the drug store is located.

The following approved synthetics should not be officialized in the Pharmacopeia, as their purity and labeling should be controlled by the Pure Food and Drug Laws:

Benzaldehydum (synthetic oil of bitter almond).
Eugenol (synthetic oil of cloves).
Safrolum (synthetic oil of sassafras).
Vanillinum (vanillin, a synthetic vanilla)

V. 6
1913

A considerable number of metals and chemicals that are of no drug value have been approved for this Pharmacopeia. It is hardly the object of this book to give a standard for the purity of a pure chemical. If this is its object, why stop at the limited number that are described? Among a number of such may be mentioned aluminum hydroxid, benzin, potassium dichromate, potassium ferrocyanid, monohydrated sodium carbonate, sodium cyanid, uranium nitrate, etc.

USELESS DRUGS

The commercialism of the Pharmacopeia is shown by officializing a large number of useless drugs and preparations. Some have no medicinal value whatever; others are markedly inferior to other drugs of the same class. The list of drugs follows, and although many physicians will disagree with the entire lack of value of most of them, I think no one will assert that any one of them is needed to cure a patient of an ailment or to treat a condition that may not be better treated by more active drugs.

Anthemis (chamomile).
Arnica.
  Tinctura arnicae.
Berberis.
  (Oregon grape-root).
  Fluidextractum berberidis.
Calendula (marigold).
  Tinctura calendulae.
Calumba (calumbo).
  Fluidextractum calumbae.
  Tinctura calumbae.
Chondrus (Irish moss).
Cimicifuga
  (black snakeroot).
  Extractum cimicifugae.
  Fluidextractum cimicifugae.
  Tinctura cimicifugae.
Condurango.
Convallaria
  (lily of the valley).
  Fluidextractum convallariae
Crocus (saffron).
Eriodictyon (yerba santa).
  Fluidextractum eriodictyi.
  Fluidextractum eriodictyi aromaticum.
Frangula
  (alder buckthorn).
  Fluidextractum frangulae.
Gambir (pale catechu).
  Tinctura gambir composita.
Gossypii cortex
  (cotton root bark.)
  Fluidextractum gossypii corticis.
Grindelia.
  Fluidextractum grindeliae.
Guaiacum (guaiac).
  Tinctura guaiaci.
  Tinctura guaiaci ammoniata.
Haematoxylon.
  Extractum haematoxyli.
Kino.
  Tinctura kino.
Krameria (rhatany).
  Fluidextractum krameriae.
  Tinctura krameriae.
Lactucarium.
  Syrupus lactucarii.
  Tinctura lactucarii.
Leptandra (Culver's root).
  Extractum leptandrae.
  Fluidextractum leptandrae.
Lupulinum.
  Fluidextractum lupulini.
  Oleoresina lupulini.
Matricaria
  (German chamomile).
Mezereum.
  Fluidextractum mezerei.
Moschus (musk).
  Tinctura moschi.
Oleoresina petroselini
  (parsley apiol).
Oleum hedeoma
  (oil of pennyroyal).
Pareira.
  Fluidextractum pareirae.
Phytolacca (poke).
  Fluidextractum phytolaccae.
Pyrethrum (pellitory).
  Tinctura pyrethri.
Quassia (bitter wood).
  Tinctura quassiae.
Quillaja (soapbark).
  Tinctura quillajae.
Rhus glabra (sumach).
  Fluidextractum rhois glabrae.
Sabal (saw palmetto).
  Fluidextractum sabal.
Sanguinaria (bloodroot).
  Tinctura sanguinariae.
Sarsaparilla.
  Fluidextractum sarsaparillae.
  Fluidextractum sarsaparillae compositum
Senega (senega snakeroot).
  Fluidextractum senegae.
  Syrupus senegae.
Serpentaria
  (Virginia snakeroot).
  Fluidextractum serpentariae.
  Tinctura serpentariae
Staphisagria (stavesacre).
  Fluidextractum staphisagriae.
Stillingia (queen's root).
  Fluidextractum stillingiae.
Sumbul.
  Extractum sumbul.
  Fluidextractum sumbul
Taraxacum (dandelion).
  Extractum taraxaci.
  Fluidextractum taraxaci
Triticum (couch grass).
  Fluidextractum tritici.
Uva ursi (bearberry).
  Fluidextractum uvae ursi.
Xanthoxylum
  (prickly ash).
  Fluidextractum xanthoxyli.
Zea (corn-silk).
  Fluidextractum zeae.

INFERIOR PREPARATIONS

The following drugs are very much inferior to similar and better-acting drugs. Why should we have them officialized in this Pharmacopeia? Many of them are simple preparations that are inferior to better preparations. I realize, of course, that many physicians will disagree with me in regard to the individual drugs and preparations, but as a class each physician will certainly decide against them if he is familiar with the pharmacology of these and better drugs.

Acetum scillae
  (vinegar of squill).
Ammonii bromidum.
Ammonii iodidum.
Ammonii salicylas.
Bismuthi et ammonii citras.
Calcii bromidum.
Cambogia (gamboge).
Camphora monobromata.
Carbo animalis purificatus
  (purified animal charcoal).
Ceratum plumbi subacetatis
  (Goulard's cerate).
Cerii oxalas
  (cerium oxalate).
Cinchoninae sulphas.
Euonymus (wahoo).
  Extractum euonymi.
Extractum quassiae.
Fluidextractum cinchonae.
Fluidextractum digitalis.
Fluidextractum gentianae.
Fluidextractum rosae.
Glyceritum amyli
  (glycerite of starch).
Glycyrrhizinum ammoniatum
  (ammoniated glycyrrhizin).
Guarana.
  Fluidextractum guaranae.
Infusum pruni virginianae.
Liquor acidi arsenosi.
Liquor arseni et hydrargyri iodidi.
Liquor hydrargyri nitratis.
Liquor subsulphatis
  (Monsel's solution).
Liquor zinci chloridi
  (solution of zinc chlorid).
Magnesii oxidum ponderosum
  (heavy magnesium oxid).
Oleatum quininae
  (oleate of quinin).
Oleum picis liquidae
  (oil of tar).
Pilocarpinae nitras.
Quininia.
Sodii acetas.
Sodii chloras.
Sodii phosphas exsiccatus.
Styrax.
Sulphonmethanum.
Syrupus rosae
Zinci acetas.

MIXTURES

It is beneath the dignity of the Pharmacopeia to include a lot of mixtures which contain fool ingredients or have multiple ingredients. We should not officialize such absurdities. The following are the preparations referred to:

Name.	Number of Ingredients.
Elixir adjuvans	11
Elixir ferri, quininae et strychninae phosphatum	15
Extractum colocynthidis compositum	5
Infusum sennae compositum (black draught)	5
Liquor ferri et ammonii acetatis (Basham's mixture)	12
Mistura glycyrrhizae composita (brown mixture)	10
Mistura rhei et sodae	5
Pilulae catharticae compositae	8
Syrupus hypophosphitum compositus	10
Syrupus sarsaparillae compositus	7
Syrupus scillae compositus	5
Tinctura benzoini composita	5

The following drugs were refused admission to the Pharmacopeia by the executive committee after they had

been approved by the subcommittee on scope on the ground of literal interpretation of the general principles of the Pharmacopeial Convention. It would certainly seem better to interpret these rules and regulations in the spirit in which they were intended; a useful drug should, if possible, receive a standard in the Pharmacopeia. The executive committee has approved of such preparations as erythrol tetranitrate, morphin diacetyl hydrochlorid (heroin hydrochlorid), morphin ethylhydrochlorid (dionin), theobromin sodiosalicylate (diuretin), etc. The valuable drugs thus refused after recommendation by the subcommittee on scope are:

Acetylsalicylic acid (aspirin).
Ammonium sulpho-ichthyolate (ichthyol).
Diethyl-barbituric acid (veronal).
Sodium diethyl-barbituric acid (veronal-sodium).
Epinephrin.
Eucain.
Holocain hydrochlorid.
Novocain.
Methyl ester of para-aminometaoxybenzoic acid (orthoform).
Protargol.
Stovain.

PERSONNEL OF COMMITTEES

The subcommittee on scope consists of:

S. Solis-Cohen, M.D., (chairman), Professor of Clinical Medicine, Jefferson Medical College, Philadelphia.
Reid Hunt, M.D., in Hygienic Laboratory, Washington.
Philip Marvel, M.D., Practicing Physician, Trustee American Medical Association.
O. T. Osborne, M.D., Professor of Therapeutics, Yale University.
H. H. Rusby, M.D., Pharmacognosist; Professor New York College of Pharmacy.
Torald Sollmann, M.D., Professor of Pharmacy, Western Reserve University.
H. C. Wood, Jr., M.D., Pharmacologist; Professor Pharmacy and Therapeutics, Medico-Chirurgical College, Philadelphia.

The executive committee consists of:

S. Solis-Cohen, M.D., Professor of Clinical Medicine, Jefferson Medical College, Philadelphia.
Torald Sollmann, M.D., Professor of Pharmacy, Western Reserve University.
J. F. Anderson, M.D., Hygienic Laboratory, Washington.
Henry Kraemer, Ph.D., Professor of Botany, Philadelphia College of Pharmacy.
Charles H. LaWall, Ph.D., Pharmacist and consulting chemist; Professor Philadelphia College of Pharmacy.
George D. Rosengarten, Ph.D., Chemist, a member of the firm of Powers-Weightman-Rosengarten Co., Manufacturing Chemists.
A. B. Stevens, Ph.D., Pharmacist; Professor School of Pharmacy, University of Michigan.
H. W. Wiley, M.D., Ph.D., Chemist; ex-Chief Bureau of Chemistry, Washington.
G. M. Beringer, Ph.M., Pharmacist in retail business.
C. L. Diehl, Ph.M., Pharmacist (retired); Emeritus Professor Louisville College of Pharmacy.
W. C. Alpers, Sc.D., Pharmacist in retail business.
Otto Raubenheimer, Ph.G., Pharmacist in retail business; Editor Practical Druggist.
Wilhelm Bodemann, Ph.G., Pharmacist in retail business.
A. B. Lyons, A.B., M.D., Pharmacist; Chemist with Nelson, Baker & Co., Manufacturing Chemists.
Chas. Caspari, Jr., Phar.D., Pharmacist; Professor University of Maryland; Commissioner Maryland State Board of Health.

252 York Street.

BUBONIC PLAGUE IN MANILA

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MANILA, P. I.

After an absence of six years plague again appeared in Manila in June, 1912. Between that date and the present—March, 1913—there have been fifty-five cases, twenty-two of them having occurred in October.

The way in which the disease entered Manila is not known certainly, but as there had been a good deal of plague in China for some time before June, 1912, it is presumed that an infected rat came ashore from some boat from the mainland. It is impossible to guard against this danger absolutely.

In the rat-poisoning and rat-catching operations which have been carried on, remarkably few infected animals have been found, which of course accounts for the comparatively few human cases reported, and leads to the belief that no serious epidemic will occur in Manila.

All of the cases, except two in the Walled City (Intramuros), have been on the north side of the Pasig River, which divides the city; and nearly all of the twenty-two, mentioned as occurring in October, originated in an infected store-house near the station of the Manila and Dagupan Railroad. This was, of course, at once thoroughly disinfected and cleared of rats, and since then no more cases have occurred in that neighborhood. It might be mentioned, in this connection, that arsenic mixed with rice in such proportion that a few grains of rice constitute a poisonous dose, is considered here to be the best rat-poison.

According to nationality the fifty-five cases were divided as follows: in Filipinos forty-six, Chinese eight and Caucasians one. Only ten females were attacked, and the ages of all patients varied from 16 months to 50 years; about one-half being 25 years of age or under.

According to the population the number of cases was somewhat greater among the Chinese than among the Filipinos, and among the Caucasians somewhat less than the due proportion; we all were struck by the number of comparatively young people attacked. It is not known why this should be so, unless it is, perhaps, that the younger persons are rather more liable to go barefooted, thus giving the fleas a better chance.

All cases of plague are handled at this hospital—San Lazaro—and every diagnosis is confirmed by laboratory methods, or by post-mortem, or both. When a case is admitted, the bubo, if there be one, is aspirated, and a smear examined at once, by which means the diagnosis in typical cases is usually confirmed. Of course a culture is also made, and guinea-pigs inoculated. This is done by the government laboratory. This work of the laboratory is particularly useful, from a practical standpoint, in doubtful cases of enlarged lymph-nodes. Many cases were sent here as suspected bubonic plague, with enlarged lymph-nodes, high temperature, etc., which were not plague, but were called by us "glandular fever." It is practically impossible to be sure of the diagnosis in these instances, for a day or two, and here the microscope is particularly valuable as giving, at least, negative evidence. Of course these cases of enlarged lymph-nodes did not closely simulate typical plague clinically except in, perhaps, two cases; but many cases of true plague are not typical. For instance:

A male Filipino 18 years of age was admitted with a temperature of 104, and slight enlargement of the lymph-nodes in the left axilla. A lymph-node was aspirated and nothing was found indicative of plague in the smear or culture. The patient was given quinin and calomel and the temperature became normal on the day after admission and remained practically so for two days. On the fourth day, however, the temperature rose again to 104, and a second aspiration of the lymph-node showed the case to be plague both in smear, culture and guinea-pigs. The temperature declined again in a few days, and the patient recovered.

This case was, of course, bubonic plague in a mild form, but there was nothing at first to differentiate it from some of the cases admitted which were not plague, as for example the following:

A Filipino child 4 years old was brought in with a temperature of 104, and a large left femoral bubo. The lymph-node was aspirated repeatedly, but nothing could be found in smear, culture or pigs. There was no infection of foot or leg to account for the bubo, and according to the mother there had been fever for some days before the lymph-node enlarged.

These two cases are briefly mentioned merely to show the occasional difficulties encountered, and the value of laboratory methods in this disease.

In the cases observed since June, 1912, the femoral lymph-nodes have been oftenest primarily enlarged, followed in frequency by the inguinal; in two cases the popliteal lymph-nodes were affected, in three the cervical, and in three the axillary. In only two cases has there been any skin eruption. Three or four cases developed bloody expectoration due to secondary involvement and congestion of the lungs. Specimens of sputum were found to contain immense numbers of the plague bacillus. These cases were, of course, in no way genuine pneumonic plague, all of ours having been of the bubonic type; but as there was usually more or less coughing, every person going near these patients was compelled to wear a mask of absorbent cotton, between double layers of gauze, over the nose and mouth. In addition, when practicable, a light towel or piece of gauze was thrown over the patient's face when it was necessary for any one to remain near him for any length of time. When individuals reach this stage they are usually practically unconscious, so that a light covering over the face causes no annoyance.

In this country, where it is possible for all rooms to be open and well ventilated, it is not likely that the danger to attendants from infected sputum is as great as in Northern China in the winter, for instance, but it must at all times be considerable. No accidents resulted from the few cases occurring here. These cases showed at post-mortem intense congestion of the lungs with involvement of the bronchial glands. At the necropsies of those having femoral or inguinal buboes, even when the lymph-nodes were not greatly enlarged, the distance to which hemorrhage and congestion extended into the abdomen, involving the posterior wall, was particularly remarked.

It might be of interest to note that a cat was found suffering from plague, and that guinea-pigs left in houses from which patients had been taken were infected.

Patients are being treated with serum prepared at the Government Laboratory; about 150 c.c. being given by intramuscular injection as an initial dose, and from 50 to 75 c.c. three or four times a day until 500 c.c. have been administered. This treatment has not been used a sufficient length of time to make any positive statement as to results possible, but it is believed that the serum has a beneficial effect.

As to mortality, twenty-one of the fifty-five patients were found dead and removed to the morgue, and thirty-four were found alive and transferred to the hospital. Of these seven recovered: one Caucasian, five Filipinos, and one Chinaman. This makes the number of cured about 20 per cent. of those found living, and 12½ per cent. of all, which is considered to be a fairly good result when it is remembered that many patients were admitted in a dying condition, and when the general severity of the disease is taken into account.

At this writing the prospect for getting rid of the plague entirely appears to be good, as there have been no cases since the first of the month.

The Pasig River flows through the center of the city. A large part of the white population live in Ermita, Malate and Paco, or the south side, while the north side, particularly Tondo, Binondo, San Nicolas, Santa Cruz and Quiapo, is mostly occupied by natives. Intramuros is the old Spanish walled city.

The first case of plague, June 18, 1912, was in Tondo, near the railroad station; the second, June 26, in Santa Cruz, not far from Bilibid prison; the third, August 4, in Quiapo; the fourth, August 8, also in Quiapo; the fifth, August 11, in Binondo, and so on. Thus they were pretty well scattered around the north side. In October occurred the cases originating in the store-house near the railroad station, and also one case in Paco on the south side of the Pasig River which was undoubtedly contracted in Quiapo, Santa Cruz. In November and December there were two cases in Intramuros. The last case, March 6, 1913, occurred in Sampaloc. All patients living and dead are sent to the San Lazaro Hospital, and the morgue attached to that institution, in the northern part of the city.

A NEW TONSIL-SNARE

LOUIS D. GREEN, M.D.
AND
AARON S. GREEN, M.D.
Assistant in Ophthalmology, Stanford University Medical Department
SAN FRANCISCO

It is without trepidation that we place before the profession a new tonsil-snare. While it is true that accuracy in marksmanship depends largely on "the man behind the gun," nevertheless, the modern rifle will hit the target more frequently than would the ancient musket. Likewise, while the skilful surgeon can perform an operation with instruments that are far from mechanically desirable, he can perform the same operation better and with greater facility with a more suitable instrument.

That the tonsil-snares now on the market are not altogether satisfactory is proved by the existence of the many varieties. The instrument which requires the least time and the fewest assistants in its manipulation is the most desirable.

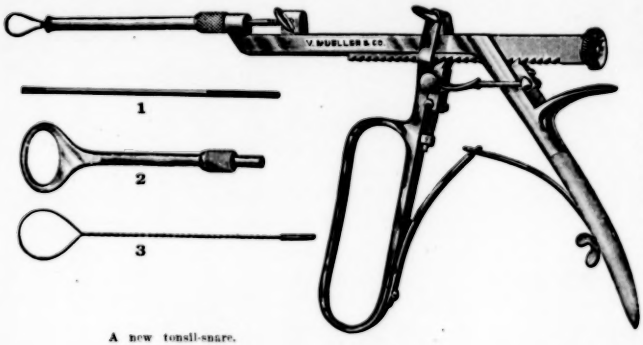
The straight-line snares like the Farlow or Martin, and the numerous modifications, are perhaps the least satisfactory. Not being made on the lever principle, they depend on direct traction, which is usually augmented by a screw device. If the screw is used, it entails an extra step in the procedure and ordinarily requires a

third hand to retain hold of the tonsil, as the operator's hands are both engaged with the snare.

The pistol-handle snares of the Tyding or Peters style overcome the above objections and are becoming increasingly popular. But, while they possess the advantages of speed and the use of only one hand in their manipulation, they have the following distinct disadvantages:

1. Slow snaring is impossible should one have occasion and desire to use that method.

2. The wire loop and cannula travel forward and down when the handles are closed to bring the loop home. This is apt to cause damage to the posterior pillar or dislodge the wire from the tonsil.



A new tonsil-snare.

3. On account of the augmented force, it is difficult or impossible to stop when once traction is begun, with the consequence that a part of the pillar or uvula is liable to be caught in the loop and cut off.

4. Should the loop happen to be too large and the tonsil not detached after bringing the handles entirely together, it places one in a very serious predicament. The ends of the wire are inside of the cannula and not accessible and it is with the greatest difficulty detached from the tonsil. This situation is especially dreadful when the operation is done under a local anesthetic, with the patient gagging and bleeding.

All of the foregoing objections we have overcome in the instrument shown in the illustration.

1. Rapid or slow snaring can be done at will.

2. The cannula remains stationary. This prevents injury to the posterior pillar and partial removal of tonsil on account of slipping of the wire loop.

3. Because of the ratchet, one can stop at any point in the operation to make sure the pillar and uvula are free.

4. Should the loop happen to be too large and the tonsil not quite snared off, it can be very easily disengaged from the tonsil by loosening the thumb-screw and pulling out the stylet.

Other features not possessed by any other snare are that it can be used in any one of three distinct methods: (1) as a short wire snare; (2) by fastening a long wire with a thumb-screw to the carrying rod; (3) by changing the tip for the Sluder-Beck operation.

The instrument, besides being less clumsy than the other scissor-handle snares, has from five to seven times the leverage of those instruments and the tonsil comes out without a sudden jerk.

NEW TONSIL CLAMPS

MARK D. STEVENSON, M.D., AKRON, OHIO

A clamp for one tonsil should be easily applied or removed; it should be self-retaining, and as light as possible so that when the end outside the mouth is not supported no undue pressure or pain will result. Experience soon teaches any one using clamps that only slight pressure is required to stop a hemorrhage from the tonsillar fossae, and the pressure needs to be continued for but a short time — just long enough after the bleeding has ceased to make certain that firm clots have been formed in the bleeding vessels. This will necessarily vary in different cases, but the average case can be controlled by slight pressure for five minutes. Too much pressure continued for half hour or more causes not only unnecessary pain and distress but is likely to produce necrosis and possibly phlebitis or thrombophlebitis with subsequent emboli or other undesirable sequences. This instrument (Fig. 1) is made light and springy so that with it the danger of making superfluous pressure is much lessened. It may be left unsupported in the mouth, for the time required, causing little or no distress. If necessary it can be applied to the fossa of the first tonsil removed while the second tonsil is being operated on, or in after-hemorrhage if one fossa only is bleeding and it is known which one, the clamp can be applied to that fossa.

If both are bleeding or it is not known which one is the offender two clamps may be employed. In such cases a

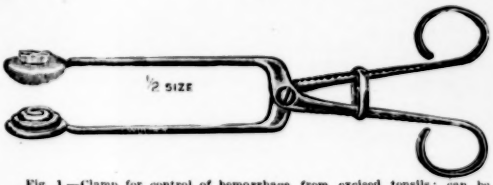


Fig. 1.—Clamp for control of hemorrhage from excised tonsils; can be applied to either side.

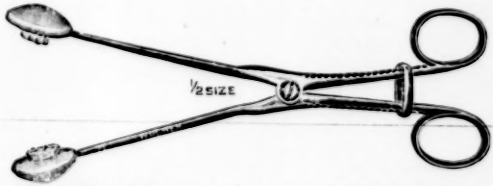


Fig. 2.—Clamp, both blades of which can be placed in the mouth, constricting by pressure outward.

clamp (Fig. 2) both blades of which can be inserted inside the mouth pressing outward against each fossa is sometimes preferable, as it requires less room and does not make so much pressure when unsupported as two, and does not clamp the external tissues overlying the tonsillar fossae, therefore being less likely to produce necrosis, etc. The parts to press against the tonsillar fossae are preferably covered with gauze, a few layers of which may be tied on the tips with any suture material or cord.

The ring on the handles of each variety is easily adjusted to give any desired pressure. A springy tension is less painful than the steady pressure of a stiff instrument, is more effective and not so likely to produce untoward pressure, necrosis or other undesirable sequelae. After the bleeding has ceased, I usually loosen the ring on the handles, doing away with all pressure on the tissues but leaving the instrument in place. The gauze tampon tends to remain in the fossa and may be left there for half an hour or longer. The patient can expectorate with the instrument in place and is not seriously inconvenienced by its presence. When such a clamp is removed the outer part should be loosened first; next the inner blade should be moved away from one fossa toward the opposite fossa and then out of the mouth. If drawn directly forward out of the fossa it is more likely to disturb the tissues and start a fresh hemorrhage.

165 East Market Street.

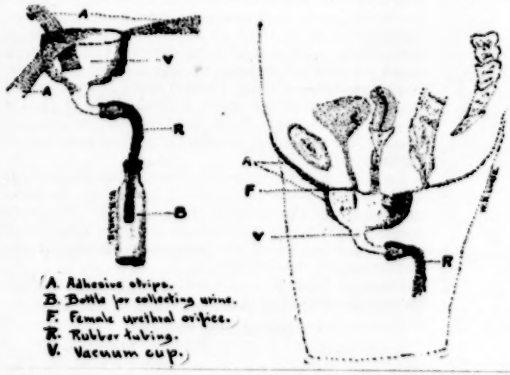
COLLECTION OF URINE FROM FEMALE BABIES

WILLIAM A. LURIE, M.D., CHICAGO

Having experienced some difficulty in the collection of urine from female baby patients, I decided that if I had any success I would let others know and I now wish to describe a simple method which has proved satisfactory in my hands.

I strapped a narrow cup from my cupping outfit to the abdomen and over the buttocks of my little patient in such a manner that the margins were in close approximation to the vulva. To the opposite end of the cup I attached a bit of rubber tubing, the other end of which was in a bottle which was either strapped to the patient's leg or left in the bed. I found that this simple device was satisfactory and required no watching.

5108 Wentworth Avenue.



Device for collection of urine from female babies.

NEW SCLERAL TREPHINE

HARRY S. GRADLE, M.D., CHICAGO

Elliot's trephining operation has proved of wonderful service in glaucoma and is now one of the recognized procedures

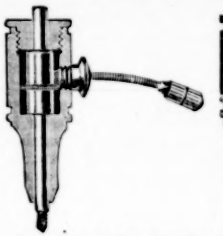


Fig. 1.—Cross-section of trephine.

Fig. 2.—Trephine, with knives.

in combating that disease. The technic is simple and the results are equally satisfactory compared with those following iridectomy. Moreover, there is but a minimum of optical disfigurement. The main objections are mechanical and can be attributed to the trephine itself. The hand trephine is difficult to steady and keep in the original incision while applying proper downward pressure and rotary motion. The watch-spring type of corneal trephine cannot be controlled accurately, and the small set-screws, for adjusting the cutting points, are apt to catch the conjunctival flap and badly lacerate it.

Therefore I devised the trephine herewith illustrated: A shaft, rotating freely within a rigid housing, is actuated by a flexible shaft at right angles to the main shaft and connected with it by a simple rack-and-pinion bearing. (Fig. 1). The free end of the flexible shaft terminates in a small knurled head that is rotated between the operator's thumb and forefinger. The lower end of the main shaft is threaded and onto this are screwed the cutting edges of the trephine. There are three of these cylindrical knives, with the relative diameters of 1.5, 2 and 2.5 mm. (Fig. 2).

The use of the instrument is extremely simple. After the conjunctival flap has been dissected free, the trephine is held by the rigid housing in one hand and lowered onto the eye until the proper site for the cutting has been determined. Slight pressure is then brought to bear. Rotary motion is imparted to the cutting edge by gently turning the knurled end of the flexible shaft between the thumb and forefinger of the free hand. This obviates the possibility of any vibratory motion being transmitted to the cutting portion of the instrument.

If, for any reason, the operator wishes to interrupt the course of the operation, the trephine is easily returned to the site of the original incision and the trephining continues in the usual manner.

1237 Fargo Avenue.

Special Article

BACTERIAL VACCINE THERAPY: ITS INDICATIONS AND LIMITATIONS*

(Concluded from page 1956)

X

Puerperal Infection: In those cases of childbed fever with streptococci as the predominating organisms inoculation of a stock vaccine of the corresponding microbe has at times been followed by symptomatic betterment. Many obstetricians, however, believe that the antistreptococcic serum brings better results than vaccine in this disease. In any case a careful bacteriologic diagnosis of organisms found in the interior of the uterus should be made. In severe cases it is also desirable that a culture be obtained of organisms from the blood.

A minority of the infections of the puerperium, comprising, however, a goodly proportion, arise from invasion by the pneumococcus, colon bacillus, staphylococcus, gonococcus and anaerobes of the *Bacillus aerogenes capsulatus* (Welch) type. These infections obviously are unsuited for streptococcic inoculations, and one should not jeopardize a possible satisfactory outcome by relying on them or on one of the several mixed vaccines advertised for an emergency of so serious a nature.

Erysipelas: Streptococcus vaccine is rarely if ever of benefit in erysipelas. Some bacteriotherapeutists have presented clinical statistics to demonstrate the value of a stock vaccine made from a special strain of streptococci isolated from erysipelas, and others record similar experience following the use of autogenous vaccines for each individual case. On the whole, however, the vaccine treatment of acute erysipelas is of uncertain promise. In the chronic recurrent type of infection the prospects are more encouraging for the use of stock vaccines of erysipelatous cocci, or better still the autogenous vaccines.

Scarlet Fever: The routine employment of streptococcus vaccines in scarlet fever is not advisable. For the streptococcic complications and sequels, such as abscesses, beneficial results may at times be secured by autogenous vaccines.

In certain quarters prophylactic inoculations of streptococcus vaccine are advocated as of value in scarlatina, the statement being made that complete immunity is to be secured in a week following three inoculations of streptococcus vaccine from five to seven days apart. To say the least, such a statement seems unwarranted in view of the still undetermined etiology of scarlatina and of the part played by streptococcus infections in that malady.

Localized Infections: In such affections as streptococcus angina and adenitis following milk infection, autogenous vaccine therapy has been advocated; and the same consideration applies to other localized infections of which otitis media may be taken as a type.

Acute and Chronic Rheumatism: Certain makes of commercial streptococcus and staphylococcus vaccine have been prominently advertised in rheumatism. Acute, subacute and chronic "rheumatism" alike of joints, bursae, tendon sheaths, muscles and nerves are included in the list along with arthritis deformans, as having been "cured" by these vaccines. Such statements are gross exaggerations of the actual conditions, which are that a very occasional case of subacute or chronic rheumatism appears to improve from the inoculation of stock streptococcus and staphylococcus vaccine.

As for the typical "rheumatic fever," we are probably on the threshold of a definite knowledge of the peculiar and specific streptococci concerned in its etiology, and rational vaccine therapy must await the attainment of this information. Many of the rheumatoid affections of a chronic or recurrent type result from a smoldering focus of infection in the tonsils, the accessory sinuses, the middle ear and the alveoli (pyorrhea alveolaris). The task of bacteriotherapy is to identify the bacteria in such foci of infection and to treat by appropriate autogenous vaccines. The employment of vaccine therapy, however, should not lead to neglect of the proper surgical measures for the removal or drainage of the infected focus.

Surgical Prophylaxis: Vaccines, especially of streptococcus and staphylococcus, have been advocated for use preceding operation and after accidental wounds, on the theory that a protective immunity could thus be established against wound disease. There is no sufficient evidence to justify this practice.

Dosage.—From 30 to 100 million killed streptococci constitute the average dose, though occasion may arise for larger amounts, from 500 to 1000 million.

PNEUMOCOCCUS VACCINE

The organisms included under the species pneumococcus vary as to races, strains or groups much as streptococci. For specific therapeutic effects one must recognize this variation to the extent of providing for autogenous vaccines in such cases as offer promise for bacterial inoculations in event of no response to a test dose of stock vaccine. There is little evidence that stock or autogenous vaccines are of value in pneumococcic infections.

Preparation.—A stock pneumococcus vaccine should preferably have as its source a strain isolated from a case of pneumonia. It is questionable whether any advantage is secured by the effort to produce a polyvalent vaccine.

Localized Pneumococcic Infections: Since the presence of the pneumococcus in localized infections can be determined only by a bacteriologic diagnosis, the appropriate course is to follow the culture with the preparation and administration of the autogenous vaccine if the indications for it seem clear.

Dosage.—From 20 to 100 million constitute the usual therapeutic dose of devitalized pneumococci.

GONOCOCCUS VACCINE

Stock vaccines of the gonococcus, like those of the staphylococcus, fulfil a useful purpose in vaccine therapy.

Preparation.—It is customary to make a stock vaccine by using a suspension of several separate cultures differing in source, though it is problematic whether any advantage is derived by this means.

Indications.—Complications of Subacute and Chronic Gonorrhea: The localized inflammatory complications like epididymitis, balanoposthitis, vulvovaginitis of children and chronic conjunctivitis have all been treated with reported success by inoculations of stock gonococcus vaccines. The evidence seems to show, however, that the vulvovaginitis of children is not cured. The discharge may be lessened for a time but practically always breaks out again. Chronic conjunctivitis is usually curable by other means. In chronic infections of the deep urethra and the contiguous structures of the male similar treatment has been disappointing, though the prospects of a

* This series of articles has been prepared under the direction of a committee appointed for the purpose by the Council on Pharmacy and Chemistry of the American Medical Association. The committee consists of Drs. Ludvig Hektoen, Chicago; David L. Edsall, Boston; John Howland, Baltimore; Reid Hunt, Washington, D. C., and Albert P. Ohlmacher, Detroit.

satisfactory outcome appear to be improved in cases in which autogenous vaccines of the secondarily infecting bacteria are combined with that of a stock gonococcus vaccine.

Acute Gonorrheal Infections: Since these are practically always localized, they would be theoretically suited to gonococcus inoculations. The general consensus of opinion, however, is that this form of treatment does not favorably modify acute urethritis, vaginitis and ophthalmia due to the gonococcus, irrespective of whether stock or autogenous vaccines are used.

Gonorrheal Rheumatism: In subacute and chronic gonococcus infection of the joints and related structures, numerous reliable reports have attested the value of treatment with stock gonococcus vaccines. Success, however, is by no means invariable.

Dosage.—Gonococcus vaccines are administered in doses ranging from 5 to 100 million.

MENINGOCOCCUS VACCINE

For the purpose of protective immunity, especially when cerebrospinal meningitis is epidemic, a vaccine of killed meningococci in three doses of 250, 500 and 1,000 million at intervals of from five to seven days has been advocated. It is certain that such inoculations give rise to meningococcus antibodies, but the available statistics are not at present sufficient to establish the worth of this method. Similar antibodies appear in the blood after inoculation of killed gonococci, but fresh gonorrheal infections are known to have occurred in patients undergoing a course of vaccine treatment for chronic gonorrhea.

COLON BACILLUS VACCINE

Subjected to the differential tests of the bacteriologic laboratory, pathogenic colon bacilli constitute a group of organisms with a few common morphologic and physiologic features which permit classifying them as a species. The common bacterium of the feces in normal mammals, *B. coli communis*, is the type, and this is generally chosen as the source of a stock bacterial vaccine. But the colon bacilli encountered under morbid conditions vary more or less widely from this type. It comes to pass that we have in certain enteric infections, or in the fevers accompanying infections of the bowels, a series of coliform strains, of which the paracolon bacilli and the several dysentery bacilli may be cited as illustrations; while in abscesses the variation may lead to the strains of which *B. pyogenes foetidus* is an example. It follows from this variation that specific therapeutic effects in colon bacillus infections are rarely secured by the use of stock vaccines. Hence the recommendations to employ the commercial product in conditions like "jaundice," gall-bladder infection, appendicitis, peritonitis, pyelitis, rectal abscess, fistula in ano, enteritis, subphrenic and hepatic abscesses and postoperative abdominal fistulas are absurd, and one who follows them is resorting to dangerous temporizing. In this list are infections with other bacterial species, or those in which colon bacillus infection is complicated or mixed. Organisms are not obtainable in most of these conditions and some of them are unsuited to bacterial therapy, but those which have a reasonable claim for consideration from this point of view are appropriately handled only by the use of autogenous vaccines.

Perhaps it is because of the falling short of stock colon bacillus vaccines that so many of the mixed vaccines of commerce contain it. In any event, there is no propriety in administering stock colon bacillus vaccine. It should be dropped from the list of stock vaccines.

TYPHOID BACILLUS VACCINE

Preparation.—As called for in protective antityphoid inoculation, a culture kept under laboratory conditions for some time is more appropriate as the source of a vaccine. It is probably superfluous to attempt a polyvalence for such a stock vaccine by using a number of cultures from different sources. This certainly applies to the vaccine for prophylaxis, and there is no proof of the superiority of a polyvalent vaccine in typhoid therapy.

Indications.—Antityphoid Inoculation: Inoculation of typhoid bacillus vaccine designed to confer a temporary protective immunity to typhoid has been widely adopted of late, and on the whole the testimony is favorable to the practice. Accordingly, we here have the most legitimate field for the administration of a stock bacterial vaccine, and it is a sign of hopeful import to find non-commercial laboratories like those of the Army, Navy and boards of health manufacturing and supplying this product for free distribution.

At present it is customary to perform three inoculations at intervals of from seven to ten days with the object of securing a full protection.

Typhoid Fever: The practice of resorting to inoculations of stock typhoid bacillus vaccine as a routine in typhoid is growing, and some observers insist that the clinical course of the disease is favorably modified to such an extent as to warrant the general adoption of the method. Others testify in favor of autogenous vaccine therapy with bacilli obtained from the patient's blood.

The use of vaccines in the treatment of typhoid fever constitutes an extension of the practice of bacteriotherapy for which no basis is afforded by our present notions of the action of these agents. In this connection the fallacious conclusions that have been drawn by clinicians as to the therapeutic value of other supposed remedies in this disease, should be borne in mind.

Typhoidal Complications and Sequels: Whatever may be the judgment relative to the value of vaccine treatment in typhoid fever, there is practical unanimity among bacteriotherapeutists as to the benefits of autogenous vaccines in treating such posttyphoidal affections as those of the bones, joints, gall-bladder and abscesses in conjunction with appropriate operative measures.

Dosage.—For purposes of protective immunity, the most recent advice is to inoculate three doses of stock typhoid vaccine, the first of 500 million and the others of 1,000 million each. The therapeutic dose is less firmly established, and varies from 50 to 1,000 million according to the experience of different authorities.

CONCLUSIONS

Vaccine therapy is a highly specialized field of medicine whose successful pursuit calls for a particular training in bacteriology, immunology and clinical medicine.

The therapeutic possibilities of vaccine therapy have been exaggerated.

The promiscuous use of the stock bacterial vaccines of commerce in the treatment of acute and chronic infections is an irrational procedure.

Ready-mixed commercial vaccines should be abolished.

In cases suitable for bacterial therapy, autogenous vaccines are with few exceptions superior.

Autogenous vaccines should be prepared by those in touch with the patient and not through the agency of remote laboratories.

THE END

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DIET AND THE ACTION OF DRUGS

On several occasions we have discussed some of the accessory factors in diet, drawing illustrations from recent work on beriberi and on growth and other processes.[1] The researches on these and other subjects have shown that there are present in foods unknown substances which, often in minute amounts, have pronounced effects on growth and other metabolic processes out of all proportion to their dynamic value. These results also show the fallacy of measuring food values solely by calories.

No less striking are the effects of unknown constituents of foods on the resistance of animals (and doubtless of man) to certain poisons. Thus Hunt[2] found that in some cases mice fed on certain diets recovered from forty times the dose of certain poisons fatal to mice fed on other diets; he found it possible to alter at will the resistance of these animals and to overcome the effect of one diet by combining it with others. In a later paper[3] he reported that the size of the thyroid in mice could be altered by changes in the diet, and brought forward some evidence to show that the effects of foods on the resistance of the animals to certain poisons were exerted in part, but only in part, through alterations in the thyroid gland.

One of the poisons with which Hunt worked was morphin; he found that in most cases this drug was much more toxic to mice which had been kept on a milk diet than to those kept on many other foods. These results are of interest in connection with some later observations of Döbeli,[4] who found morphin and opium to be more than twice as toxic to suckling rabbits as to young non-suckling rabbits; there was no such difference in the case of codein. Döbeli carefully reviewed the literature on the use of opium and morphin in infancy and, although recognizing the difficulties of drawing conclusions from observations on individuals who are for the most part abnormal, concluded that the same law holds for infants; that is, it is only during the nursing period that infants are especially sensitive to morphin. As a result of these and further studies Döbeli has suggested[5] the following dosage of morphin for infants: divide the usual dose for an adult of from 65 to 70 kg. (from 143 to 154 pounds avoirdupois) by the quotient obtained by dividing the weight of the adult by the weight of the child; but for nurslings under 10 months reduce the dose so obtained by one half. He says that in the case of codein this additional reduction during the nursing period is not necessary; the dose may be based directly on the weight of the infant as compared with that of the adult.

Döbeli is uncertain whether or not the sensitiveness of the nursling is to be attributed directly to the milk diet; nor does he discuss the question whether or not infants receiving cow's milk as the only food show a similar sensitiveness; but in the present state of knowledge it might be well to apply the formula for the dosage of morphin to all infants receiving an exclusive milk diet.

A number of other illustrations of a relation between the diet and the action of drugs might be cited. Thus Ellinger several years ago found cantharidin to be relatively innocuous to rabbits fed on carrots, although causing a severe nephritis in rabbits fed on oats, the difference being due to the fact that the former diet caused the urine to be intensely alkaline—a condition unfavorable to the development of cantharidin nephritis. The possible bearing of observations of this sort on the development in man of nephritis resulting from toxic substances is obvious.

That an article of diet like "white wheat bread" may show such variations in composition as markedly to affect the resistance of animals (and doubtless of human beings) to certain poisons was also shown by Hunt: mice fed on the bread of one baker were four times as sensitive to certain poisons as mice fed on the bread of another baker; dealers in bread considered the two brands to be the same. The cause of this difference was not determined; it may have been due to comparatively simple differences in methods of manufacture (differences in the amount or kind of fat, milk, salt, etc., employed). In this connection attention may be called to a recent paper by Javal[6] in which he points out that the salt content of different makes of French bread may vary from 0.1 to 10 gm. per kilogram, and that such variations may have a distinct influence on the effects of bromids and iodids administered for therapeutic purposes.

These instances show that many factors which have hitherto not been considered in connection with drug therapeutics may have considerable importance, and again illustrate the need of a more thorough investigation of such supposedly well-studied articles of food as milk and bread and of such drugs as morphin and the bromids.

1. See references in Unintentional Humor in Science, editorial, THE JOURNAL A. M. A., May 24, 1913, p. 1642.
2. Hunt, Reid: Bull. 69, Hyg. Lab., U. S. P. H. S., 1910.
3. Hunt, Reid: Experiments on the Relation of the Thyroid to Diet, THE JOURNAL A. M. A., Sept. 23, 1911, p. 1032.
4. Döbeli, E.: Monatschr. f. Kinderh., orig., 1911, ix, 397; Correspondenz-Bl. f. schweiz. Aerzte, 1911, xli, No. 4; abstr., THE JOURNAL A. M. A., March 11, 1911, p. 783.
5. Döbeli, E.: Correspondenz-Bl. f. schweiz. Aerzte, 1912, xi, 439.
6. Javal: Bull. gén. de thérap., 1912, clxiv, 868.

THE PULSE-RATE AND METABOLISM

An increase in pulse-rate is commonly looked on as an indication of increased work of the heart. This interpretation is, strictly speaking, correct. But there are other factors, more remote than the transactions in which the cardiac musculature alone is involved, that call for acceleration of the heart-rate. Increased metabolism, wherever it may go on, makes augmented demands on the circulatory system, so that it may well be asked whether an increased pulse-rate can in any way be taken as an index of the metabolic changes in general occurring in the organism. Drs. Benedict and Joslin[1] of Boston have lately pointed out that there is a distinct tendency toward an increased pulse-rate in diabetics. This is in conformity with the increased metabolism which these investigators regard as characteristic of the disease. They point out that the intimate relationship between pulse-rate and metabolism is increasingly evident in every new publication on metabolism, and shows that to-day pulse-rate is taking on new significance. While an increased pulse-rate is invariably accompanied by an increased metabolism, this does not necessarily mean that the increased metabolism is due exclusively to the work of the heart. In fact, from what is known of the work of this organ, probably only a very small proportion of the total increase can properly be ascribed to its actual muscular action. It is likely that the increased pulse-rate is an excellent index of general tonus. Unquestionably, as Benedict and Joslin point out, during increased metabolism and increased pulse-rate, there is some tendency toward an increased respiration-rate; but here again the increased work of the respiratory muscles in connection with the greater activity of the heart can account for only a small quota of the total increase in metabolism.

The average minimum pulse-rate of normal individuals is 54, the maximum 74; for diabetic subjects the newer findings are 65 and 81, respectively. These data were not obtained by the usual cursory examination. The popular conception of a normal pulse-rate is the observation made under all sorts of environmental conditions, usually in the excitement incident to consulting a physician and after the muscular exercise involved in walking. The Boston investigators insist that to obtain a true normal value the observation should be made under conditions which would insure its being unaffected by food, exercise or mental stimulus of any kind. This is possible with the subject lying quietly in bed without food, as happened in all the cases in which Benedict and Joslin reported the pulse-rate.

The current opinion that the fluctuations in the pulse-rate of diabetic subjects remain within normal limits rests on negative evidence. Little attention is ordinarily paid clinically to the pulse-rate in chronic afebrile diseases of a non-circulatory type. It is quite possible, however, that the matter deserves closer attention. If the pulse-rate, properly observed, is in any way an index of metabolism changes in general, we may join Benedict and Joslin in emphasizing the importance of the pulse-rate in diabetes, and particularly the value of changes in pulse-rate in the same patient during the progress of the disease.

1. Benedict, F. G., and Joslin, E. P.: Metabolism in Severe Diabetes, Carnegie Institution of Washington, Pub. 176, p. 85, 1912.

LIFE CONSERVATION

The paradox has been well put that the most precious thing is the cheapest—in money; while the most useless thing is the dearest—in dollars and cents. The cost of killing a man in modern warfare averages $15,000; in the Boer War it was $40,000. The six great European powers are grinding two billions of dollars out of their respective peoples for military preparations—not for war, it is said, but to prevent war! Meanwhile millions of young men who should be engaged in industrial pursuits are maintained in utterly unprofitable idleness, and are quartered, it is declared, in inadequate and sometimes tuberculosis-ridden barracks. On the other hand, Colonel Gorgas and his associates have converted the formerly pestilent and deadly Isthmus of Panama into one of the healthiest regions on earth, at a cost of $2.43 for each life saved. Many hundreds of men, women and children in our South have been cured of the hookworm disease at an average cost of 77 cents for each sufferer. It is indeed true that the most precious thing in nature is human life (and human health by which life is enjoyed and lengthened), and as we have seen, it is about the cheapest; while the most useless and foolish thing is human warfare, which is the most costly.

Irrationality akin to that evinced in Europe—though not so flagrant—has been shown by our House Committee on Indian Affairs in refusing the request of the Secretary of the Interior for adequate funds with which to do hospital sanitation and medical work among the "nation's wards." The appropriation has been $90,000; but investigation revealed conditions much worse than had been supposed. The death-rate from pulmonary tuberculosis in the federal registration area is 11; among the Indians it is 32, while the death-rate of the latter from all causes is 30, or more than double that in the registration area. On ascertaining these facts Secretary Fisher in his annual report recommended that the appropriation for prevention and treatment of disease be increased to $400,000; but the members of our billion-dollar Congress (which had just voted millions to be added to those already given in pensions) balked at such expenditure in behalf of a people for whose welfare our government has very largely assumed the responsibility and whose diseases are constantly endangering their white neighbors.

The conservation of health is perhaps the most important idea which the twentieth century has thus far evolved. Irving Fisher computed that the span of life

in the United States could be increased fifteen years if all the hygienic reforms now known were put into effect, and outlined a plan for better health protection by federal, state and municipal governments, with the cooperation of many agencies and movements now benignantly active for the betterment of sanitary and hygienic conditions among our people. The life-insurance companies have taken admirable part, and have conceived a policy of enlightened selfishness, based on the fact that the longer the policy-holder lives, the more premiums he will pay.[1] Mr. Cox of New York, the counsel of the Association of Life-Insurance Presidents, states that out of a total of nearly thirty million policies in force in American companies at the end of 1910, the companies in this association carry about 77 per cent. (or over twenty-three million), and of the latter, 97 per cent. are in companies now engaged in individual work for health improvement. Five companies within this association (having policies aggregating $22,000,000) make special efforts to stimulate their policy-holders to activities in personal and public hygiene—mostly by articles in company periodicals distributed to policy-holders and by other effective literature. One company has done this for many years. Another cooperates besides with existing antituberculosis and like agencies, for health improvement; this company is experimenting in many cities with visiting nurses to sick policy-holders. Another company has established a department of conservation which is ambitious, among other things, to aid public-health authorities in the fight against preventable disease. This is a tremendous activity indeed, and with plenty of material to work on; for actuaries have estimated that the economic value of lives lost needlessly each year in the United States alone is $1,500,000,000.

WASTE PRODUCTS IN THE BLOOD

The theories of the cause of the severe symptoms and frequent fatal intoxications which may arise when the outflow of urine is quantitatively or qualitatively altered for any considerable period of time have overstepped the facts which are at present available to support them. Accordingly the widely used term "uremia" has become little more than the inadequate expression for a series of manifestations with which is associated a mass of more or less shattered hypotheses. Retention has been the key-note in the discussions on the subject; but whether the toxic factor retained in the circulation is a normal product of metabolism ordinarily eliminated speedily by the properly functioning kidneys, or whether it is an intermediate compound representing incomplete metabolism; whether it is nitrogenous or non-nitrogenous, organic or inorganic, or several combined—these have been questions for debate.

It is useless to continue an idle war of words when substantial facts on which to build a structure of some permanence can be procured. The study of the urine has been relied on largely, if not exclusively, in the past to give the clue to the retarded elimination. It requires little insight to appreciate that a comparison of the chemical composition of the circulating blood in normal health and in supposed instances of uremia or defective elimination by the kidneys is likely to give even better insight into the detrimental conditions. Recently obtained figures for non-protein nitrogen and urea nitrogen in normal human blood indicate between 22 and 26 mg. for the former, and for the latter from 11 to 13 mg. per hundred grams of blood.[1] From this remarkable narrowness in the range of variation it would seem that the perfectly normal kidney maintains a surprisingly constant level of non-protein nitrogen and urea in the blood, as it does of sugar. The figures for uric acid are far more variable. If they are put at from 1 to 2 mg. it appears that this is distinctly larger than the content of the blood of other mammals. The now well-appreciated exceptional position of man in respect to uric acid metabolism is thus again sharply emphasized.

Folin and Denis state that a "perfectly normal kidney" appears to be the exception rather than the rule as soon as one leaves the thoroughly healthy adults and examines any kind of "clinical material." Evidences of impaired kidney efficiency come plainly to light. The blood of chronic nephritis patients always gives high figures. Inasmuch as some of the cases of recognized nephritis carry no greater accumulation of waste nitrogen in the blood than was found in a series of patients afflicted with syphilis or insanity, it becomes a question of interest whether the blood-analysis test will not hereafter serve as a better index of incipient nephritis than the conventional clinical diagnostic symptoms.

Clinicians have long maintained that gout and general kidney inefficiency need not go hand in hand. Folin and Denis have now shown that there is apparently no relation between the amount of urea or other non-protein nitrogen and uric acid in human blood. A typical "uric acid blood" may be found without any evidence of the retention of other nitrogenous compounds. Since normal human blood contains some uric acid and the latter is apparently not so readily destroyed in the normal organism as is commonly assumed, it is quite possible that a damage to the kidney sufficient to provoke the retention of uric acid and the development of gout may be too slight to affect the excretion of other more soluble products. In any event the modern investigation of the accumulation of waste products in the blood in disease is carrying us nearer to the real seat of the difficulty. It is in line with the refinement of diagnostic skill in other directions

1. Cox, R. L.: Conservation of Human Life, reprinted from The Business of Insurance by the Association of Life-Insurance Presidents.

1. These and other data quoted are taken from Folin, O., and Denis, W.: Uric Acid, Urea and Total Non-Protein Nitrogen in Human Blood, Jour. Biol. Chem., 1913, xiv, 29.

whereby incipient or latent nephritis may be earlier detected and defects of elimination as well as metabolism more adequately recognized. If each waste product actually tells a distinct story, great progress may be looked for. Meanwhile theories must bide their time.

BEHRING'S NEW METHOD OF INOCULATION AGAINST DIPHTHERIA

While the curative treatment of diphtheria with diphtheria antitoxin constitutes one of the great triumphs of modern medicine, our present methods of prevention of diphtheria are admittedly far from satisfactory. Diphtheria antitoxin acts by neutralizing the toxin which causes the principal effects of infection with diphtheria bacilli and in the meantime the bacilli are destroyed more or less successfully by the usual means of defense against invading bacteria. But the use of diphtheria antitoxin for preventive purposes is not a practical success because the antitoxin is eliminated too rapidly, as it is part and parcel of the proteins of a foreign serum which are soon destroyed when introduced into the human body. For this reason the passive immunity from diphtheria antitoxin in horse-serum lasts from two to three weeks only. Under ordinary conditions the frequent injection of antitoxic serum for this purpose is not practicable for several and obvious reasons.

The fundamental principle on which Behring bases his new method[1] of securing a more permanent immunity is the active immunization of the human body itself; that is, the elaboration of diphtheria antitoxin by the body of the person inoculated. This is to be accomplished by the injection of mixtures of diphtheria toxin and antitoxin that are almost neutral and, consequently, produce no toxic effects of any importance, there being present a minimal excess only of toxin. It has long been known that more or less balanced mixtures of this kind produce immunity in animals, and in 1907 Theobald Smith[2] suggested that it might be possible to employ this method to produce immunity in man. Subsequently, Smith studied the effects of injections of neutral mixtures in guinea-pigs and horses and again pointed out the applicability of the method to human beings.[3] Now Behring and his collaborators find that the injection of toxin-antitoxin mixtures in human beings does result in an accumulation in the blood of antitoxin, sometimes very large and persisting for at least several weeks. This may be accomplished without any unfavorable results. Behring believes that the immunity so produced is much more durable than the passive immunity from antidiphtheria horse-serum and also that the serum from human beings actively immunized may be used to good advantage for curative and preventive purposes, because the antitoxin will remain much longer when introduced in homologous serum.

This use of human serum has practical limitations, however, and the danger of transfer of other infectious diseases must always be borne in mind. Unquestionably a long step in advance in the method of prevention of diphtheria has been taken. It is doubtful, however, whether the ideal method has been evolved, because the procedure discussed probably does not include any factors whereby the tolerance of the diphtheria bacillus by the organism is prevented. A person might possess a high degree of active immunity to diphtheria toxin and yet harbor virulent bacilli in his throat which he would be the means of disseminating. In order to diminish as much as possible the chances for the bacilli to establish themselves in this manner it would seem desirable to increase also the active resistance of the body to the diphtheria germ, and possibly this could be accomplished by the injection with the toxin-antitoxin mixture of suitable quantities of killed bacilli or of proteins derived from them so as to produce an active antibacterial as well as antitoxic immunity. We may look forward with interest to the results of this new departure in the prevention of diphtheria.

1. Behring's Method of Inoculation against Diphtheria, Berlin Letter, THE JOURNAL A. M. A., June 14, 1913, p. 1896.
2. Smith, Theobald: The Degree and Duration of Passive Immunity to Diphtheria Toxin, Transmitted by Immunized Guinea-Pigs, Jour. Med. Research, 1907, xvi, 359; abstr., THE JOURNAL, July 20, 1907, p. 281.
3. Behring: Active Immunity Produced by So-Called Balanced or Neutral Mixtures of Diphtheria Toxin and Antitoxin, Jour. Exp. Med., xi, 241. Further Studies on the Immunizing Effect of Mixtures of Diphtheria Toxin and Antitoxin, Jour. Med. Research, 1910, xxiii, 433.

THE INDEX

This issue of the THE JOURNAL contains the index to the current, or sixtieth, volume of THE JOURNAL, including the current medical literature which has been listed from week to week. The Index contains references to original articles in over two hundred of the leading medical journals of the world, including those of the principal foreign countries.

The Index consists of two parts—an author and a subject index. Under "Authors" appear the names of all who have contributed articles to THE JOURNAL or to any other medical journal listed in the current literature, as well as the names of those whose papers are abstracted in the medical society reports in THE JOURNAL. Under "Subjects" will be found complete references to all reading-matter in THE JOURNAL and references to the original articles in all domestic and foreign journals listed, arranged under the subject of the article with double entry when necessary and with numerous cross-references to facilitate the use of the Index. The figures in bold-faced type refer to reading-matter in THE JOURNAL.

The "Guide to Current Medical Literature," under which title the Index appears in pamphlet form,[1] contains, in addition, the titles of the articles listed, arranged chronologically and by journals, as in the Cur-

1. The Guide to Current Medical Literature may be obtained from the Association office at 50 cents a copy.

rent Medical Literature Department. It is issued in separate form for convenience—to make it unnecessary to handle the bound volume of THE JOURNAL.

Just preceding the Index a list of the journals indexed during the past six months is given. Any foreign journal, except those starred, will be lent by THE JOURNAL to subscribers and members in the United States with the understanding that it will not be held over three days. Requests for journals should be addressed to the Library of the American Medical Association and six cents in stamps should be enclosed. This covers the average expense of mailing a journal. The addresses of the domestic journals are given, and these can be obtained direct from the publishers. No domestic journal will be lent as these can be obtained direct from the publishers as easily and as quickly as from us.

Current Comment

DIABETIC FOODS

Time and again THE JOURNAL has called attention to the dangers which beset both physician and patient in the prescribing or purchasing of flours or foods for diabetics. For years the hapless sufferer from diabetes has been cruelly exploited and physicians have been wickedly deceived by the manufacturers of foods that are sold under the claim—inferential or direct—that they have a low carbohydrate-content. The need of some adequate protection being given the public and the profession has been very practically recognized by the Connecticut Agricultural Experiment Station. This institution first examined a number of diabetic foods in 1906 when its analytical laboratory was under the direction of Dr. A. L. Winton. Since that time the laboratory has further extended the work under its present efficient director, Mr. John Phillips Street. In this issue we publish a preliminary report of the latest investigation by Mr. Street and Prof. L. B. Mendel of "Diabetic Foods Offered for Sale in the United States." The article is so brief and to the point that it needs no summarizing. The tabulations accompanying it will, we believe, prove of the utmost value not only to the profession but also to the public. It is highly desirable that physicians should have some thoroughly reliable and up-to-date information regarding the diabetic foods on the American market. We believe that Mr. Street's article furnishes just such information.

DRUGS CONCEALED IN POST-CARDS

A novel method of smuggling cocain and morphin to drug habitués was recently discovered in the Sing Sing State Prison at Ossining, N. Y. In spite of unremitting vigilance and the closing up of all conceivable channels, there seems to have been an unusual drug addiction among the convicts. The authorities realized that the convicts were getting their "dope," but how? It was a customary thing for convicts to receive through the mail embossed or encrusted cards, with bouquets standing out from the surface, and raised woodland scenes or figures. The cards were apparently from friends or relatives, and bore such messages as "We are well at home and always think of you." One morning when the mail was being examined before its delivery to the prisoners, attention was drawn to an embossed post-card which was suspiciously heavy. When the embossing of the suspected card was ripped loose the hollow space within was found to contain morphin pellets, some of them half a grain in strength. Other embossed or encrusted cards were found to contain some drug either in pellet or in powder form.

FELLOWS OF THE AMERICAN MEDICAL ASSOCIATION

At its recent annual session, the House of Delegates of the American Medical Association adopted what will appear to some a radical change, that is, the changing of the term "members" to "fellows" of the American Medical Association. It may be well, therefore, to emphasize once more the fact that the change is not a radical one, but simply and solely a change in name. This was explained in THE JOURNAL, March 8, 1913, p. 762. There is no change in relationship of any individual to the organization as a whole, or to the scientific branch, or assembly, of the American Medical Association. Heretofore, members of component county and constituent state associations have been designated as "members of the organization." The organization as a national body is the American Medical Association, and those who have been called "members of the organization" will hereafter be called "members of the A. M. A." So also, the contributing members—those who have been known as "members of the A. M. A."—are now designated as "fellows of the A. M. A."

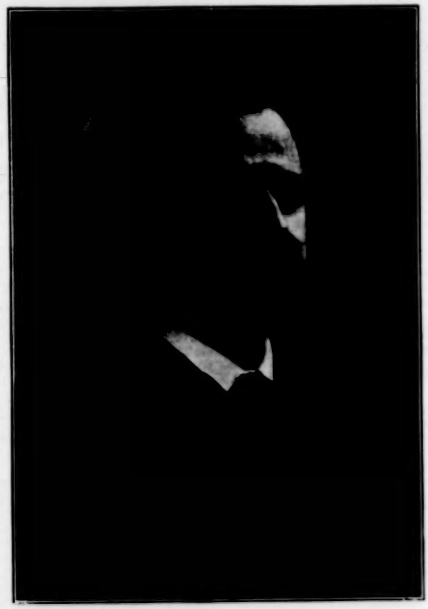
THE MINNEAPOLIS SESSION

The sixty-fourth annual session of the American Medical Association has passed into history as a decided success. The efforts of the local profession bore fruit in pleasant arrangements for the entertainment of the visitors. The attendance was large, the states of Minnesota, Iowa, Wisconsin and the Dakotas being especially well represented. A summary of the registration by states and by sections will appear in THE JOURNAL next week, showing some interesting details. The report of the proceedings of the House of Delegates, which was begun in THE JOURNAL last week, is continued in this issue; and the minutes of the various sections will appear in THE JOURNAL July 5. The section work this year was unusually excellent. The programs were good, containing many uncommon contributions of importance. In addition, the section attendance and interest was greater than for many years, partly because of the freedom from distraction on the university campus. The section meetings were isolated from the busy city and from social engagements. Furthermore, complimentary lunch was served on the grounds at noon on Tuesday, Wednesday and Thursday; thus the members were able quickly to return to their section meeting places, and the attendance materially profited from this fact. The social events at Minneapolis were an interesting series

of well-planned functions. The ladies were well cared for, and had every attention shown them in that charming city. The House of Delegates was an earnest, active body, studying deeply the problems which came before it, and taking a number of rather important steps which deliberate study had shown to be wise. The Minneapolis and Minnesota physicians are to be congratulated on the large meeting which resulted from the call of the Northwest, and on the success which attended their efforts to entertain the American Medical Association.

THE PRESIDENT-ELECT—DR. VAUGHAN

In the selection of Dr. Victor Clarence Vaughan as President-Elect, the House of Delegates of the American Medical Association has done deserved honor to one of the eminent members of our profession—one who is eminent not only as a physician, but also as a chemist, as a medical teacher and as a scientist. Dr. Vaughan was born in Mount Airy, Mo. He received his preliminary education at Mount Pleasant (Mo.) College and the University of Michigan, and was graduated from the medical department of that university in 1878. During his student life he was assistant in the chemical laboratory, retaining this position for five years after his graduation. His connection with the teaching force of the university has continued until this day. In 1879 he became lecturer on medical chemistry. A year later he was made assistant professor of the same branch. After three years he was appointed professor of physiologic and pathologic chemistry and associate professor of therapeutics and materia medica, and in addition to this work, he was made director of the Hygienic Laboratory in 1887. In 1890 he became dean of the Department of Medicine and Surgery. He was a member of the State Board of Health from 1883 to 1895, and was reappointed in 1901, and made president of the board in 1904. During the Spanish-American War Dr. Vaughan served as major and surgeon of the Thirty-Third Michigan Infantry, U. S. V., and later as division surgeon, and was recommended by the President for the brevet of lieutenant-colonel. He was appointed a member of the United States Typhoid Commission in 1898-1899. In 1900 he became surgeon-general of the Spanish-American War Veterans. He has been an active member of the Association for many years, and has served as a member of the Council on Medical Education of the American Medical Association since its establishment in 1904. He is a member of many learned scientific societies, was president of the American Academy of Medicine in 1902, and of the Association of American Physicians in 1908. In addition to his text-book on physiologic chemistry, which appeared in 1879, he was co-author with Dr. Novy of the well-known books on "Ptomains and Leukomains" and "Cellular Toxins," and in addition, has contributed more than one hundred and fifty articles to current medical and scientific literature. Dr. Vaughan is a teacher of superior rank. He presents a subject in attractive and forceful manner and has developed new and practical methods of instruction. He is progressive in establishing and maintaining ideal elements in education. In public health conservation he sees the end and applies the means so that the public benefits from instruction which it appreciates and can utilize. His wide grasp of conditions, his habit of independent thinking and his firmness in standing for his own ideas fit Dr. Vaughan for leadership, and his choice as President of the American Medical Association must appeal to all as both natural and logical.



PRESIDENT-ELECT VICTOR C. VAUGHAN

Medical News

CALIFORNIA

Personal.—Dr. Samuel Gardner, assistant chief surgeon of the Southern Pacific Hospital, San Francisco, was operated on for appendicitis in that institution, June 9.

——Dr. R. O. Moody, of the department of anatomy of the University of California, has been elected head of the Berkeley Dispensary.

Doctors' Building for San Francisco.—Members of the San Francisco County Medical Society have arranged to put up a thirteen-story building at Post and Powell Streets for the exclusive use of physicians and dentists. The building is to cost $2,000,000 and is to contain club rooms, an assembly hall, a medical library and headquarters for the medical society, the remainder of the building being given over to offices for physicians and dentists.

COLORADO

Appropriations.—The state has authorized the expenditure of $4,000 for the establishment of a workshop in Denver for the adult blind and $7,000 for the construction of sanitary cells at the State Penitentiary, Canyon City.

ILLINOIS

Personal.—Dr. A. S. Horn, Tampico, was operated on in the Dixon Hospital recently for vesical calculus.——Dr. and Mrs. George T. Palmer, Springfield, have removed for the summer to the new tuberculosis colony located west of the city, of which he is in charge.——Dr. H. D. Singer, Hospital, head of the Psychopathic Institute, fractured his right arm while cranking his automobile, June 6.——Dr. Sidney D. Wilgus, Hospital, has purchased the Jenks Sanatorium, Rockford, from the widow of Dr. Jenks.——Dr. W. F. Reynolds, Eldora, fell recently, dislocated his shoulder.——Dr. J. Mather Pfeiffenberger, Alton, has started for Europe.——Dr. E. M. Price, Astoria, spilled a bottle of nitric acid on his face and arms, seriously injuring his right eye. He is in the Galesburg Hospital for treatment.——Dr. C. Martin Wood, Decatur, has returned from Europe.

Chicago

Minor on Tuberculin.—On June 16, Dr. Charles L. Minor, Asheville, N. C., delivered an address to the Study Circle of the Chicago Tuberculosis Institute at the City Club on "My Experience in Tuberculin Treatment."

Medical Women Elect.—The Medical Women's Club held its annual meeting, June 11, and elected the following officers: president, Dr. Effie L. Lobdell; vice-presidents, Drs. Marie B. Maver and Eliza R. Morse; secretary, Dr. Sadie B. Adair, and treasurer, Dr. Agnes Mikkelsen.

Municipal Sanatorium.—The finance committee of the Chicago city council passed a resolution, June 13, authorizing the trustees of the Municipal Tuberculosis Sanatorium to spend $400,000 for the infirmary group of buildings now under construction at North Fortieth and Bryn Mawr Avenues.——Dr. William E. Buehler, president of the board of trustees of the Gil W. Barnard Masonic Hospital Association announces that he has the promise of subscriptions sufficient to finance the hospital. The institution is to cost about $150,000 and work will be commenced in the near future.——A permit has been granted for a five-story brick addition to St. Joseph's Hospital to cost $180,000.

INDIANA

Jury Finds for Physicians.—In the case of Carlton Chaney against Drs. Hugh H. Elliott and John T. Paxton in which malpractice was charged and $5,000 damages asked, the jury, on June 13, rendered a verdict in favor of the defendants.

Contract Let for Hospital.—The contract for the construction of the new hospital building at the Indiana School for Feeble-Minded Youth, Fort Wayne, was awarded June 7, the contract price being $69,950. The hospital will consist of a main building and one wing.

Tuberculosis Notes.—A tract of five acres of ground near Anderson has been donated by the city council for a tuberculosis camp. The local council of women expects to provide the funds for its equipment. The camp will accommodate one hundred patients.——The sick ward of the Boehne Antituberculosis Camp, Evansville, was dedicated June 15.

MARYLAND

New Building for State Hospital.—Work has commenced on a new building at the Spring Grove State Hospital for the Insane, Catonsville, to cost $75,000. The building will accommodate 100 patients and will be used for acute cases.

Price Declared Sane.—After having been adjudged insane by a sheriff's jury at Towson, without his knowledge, and after being confined in institutions for the insane since April 22, Dr. Marshall Langton Price, formerly secretary of the State Board of Health, was declared sane, June 20, also by the verdict of a sheriff's jury at Towson. Proceedings against him were brought by his wife, and after two physicians had certified that he was of unsound mind, the court signed an order excusing his attendance before the jury. The second jury was summoned on petition of Dr. Price through his counsel, in which he claimed that the former proceedings were of ex parte nature and were undertaken without his knowledge or presence. Dr. Price took the stand and declared that his nervous condition was caused by mental worry. Dr. Arthur P. Herring, secretary of the State Lunacy Commission, and Dr. Charles G. Hill of Mount Hope, testified that Dr. Price was in normal condition while Dr. Edward N. Brush of the Sheppard and Enoch Pratt Hospital, testified to the contrary.

Baltimore

New Laboratory.—At the Church Home and Infirmary, a pathologic laboratory has been fitted up in the basement at an expense of about $2,000.

Donation to Hospital.—A donation is to be given to the Kernan Hospital for Crippled Children which will increase the capacity of the institution to forty beds.

Personal.—Dr. William S. Halsted sailed for Europe June 10.——Dr. Guy L. Hunner had conferred on him the honorary degree of Doctor of Sciences by Dickinson College, Carlisle, Pa., June 11.

Public Health Exhibit.—The Medical and Chirurgical Faculty of Maryland will install a public health exhibit at the Fulton Avenue Baptist Church under the auspices of the Boys' Brigade Hospital Corps. In addition to the exhibit, daily addresses will be given.

Honorary Degrees Conferred.—Yale University has conferred the honorary degree of A.M. on Dr. Harvey W. Cushing, formerly of Johns Hopkins Medical School.——St. Johns College, Annapolis, has conferred the honorary degree of A.M. on Dr. Nathan Winslow.

MASSACHUSETTS

Tuberculosis Notes.—Night clinics for the diagnosis and treatment of tuberculosis have been opened at the out-patient department of the Boston Consumptives Hospital, 13 Burroughs Place, for patients unable to attend in the daytime. The clinic is to be opened at 7 o'clock each Monday evening.

Old Health Official Dies.—Charles A. Downes, for twenty-five years a clerk and inspector in the Boston Board of Health, since that time superintendent at the State Sanatorium, Lakeville, and a special officer of the Massachusetts Humane Society, died in the Boston City Hospital, June 10, from pneumonia.

State Medical Society Meeting.—The one-hundred and thirty-second annual meeting of the Massachusetts Medical Society was held in Boston, June 10-11. The Shattuck lecture was delivered by Dr. Harvey W. Cushing, Baltimore, on "Diabetes Insipidus." The following officers were elected: president, Dr. Walter P. Bowers, Clinton; vice-president, Dr. Lyman Asa Jones, North Adams; secretary, Dr. Walter L. Burrage, Boston (reelected); treasurer, Dr. Edward M. Buckingham, Boston; librarian, Dr. Edwin H. Brigham, Boston, and chairman of the committee of arrangements, Dr. Arthur N. Broughton, Jamaica Plains.

MICHIGAN

Society Enlarges Home.—The Wayne County Medical Society, Detroit, is to build an addition to its club building at 33 High Street, East, to cost about $35,000. The addition will be two stories in height; the lower floor is to be equipped with laboratory apparatus and the upper floor as a medical library.

Personal.—Dr. W. E. Blodgett, Detroit, has been elected consulting orthopedist to the Butterworth Hospital, Grand Rapids, and will hold a clinic at this hospital on Friday of each week.——Dr. Guy L. Kiefer, health officer of Detroit, has resigned and will reenter private practice.——Dr. Henry M. Leach, Saginaw, is reported to be critically ill with heart disease.——Dr. G. L. McBride has been elected chief, Dr. Ralph H. Spencer, vice-chief and Dr. Ralph C. Apted, secretary of the staff of the Butterworth Hospital, Grand Rapids.——The house and office of Dr. M. C. L. Kitchen, Lupton, was burned recently and Dr. Kitchen has removed to Bentley.——Dr. Max Ballin, Detroit, who has been seriously ill, is reported to be convalescent.——Dr. Charles M. George, Detroit, held for an investigation in connection with the death of Belle Barry, has been released as no evidence appeared against him.

MISSOURI

St. Louis

Addition to Hospital.—St. Luke's Hospital is to have a new addition to cost $175,000. The addition is to be four stories in height, 128 by 40 feet, and will accommodate about sixty patients. A maternity ward will be the chief feature of the new structure.

Farm Sanatorium.—A forty-acre farm in St. Louis County has been offered to the Missouri Association for the Relief and Control of Tuberculosis to be used as the site for a sanatorium for children suffering from tuberculosis. The organization has tentatively accepted the gift.

Personal.—Dr. Elias Potter Lyon, dean of the St. Louis University School of Medicine has been appointed by the University of Minnesota Regents to succeed Dr. F. F. Wesbrook, dean of the College of Medicine. Dr. Lyon will also be director of the department of physiology. He will take charge of the department, September 1.

NEW YORK

New York State Mineral Springs Reservation Commission Meets.—This organization met at Saratoga on June 17 and on the evening of that day the members were the guests of honor at a dinner given at the Casino by the Saratoga Springs Medical Society. One hundred guests were present from New York City and many from cities in northern New York. Addresses were made by George Foster Peabody, General Benjamin Tracy and Dr. Simon Baruch.

A New Health Organization.—The Bureau of Hygiene was incorporated by the secretary of state June 10, the directors are John D. Rockefeller, Jr., and Paul M. Warburg of New York City; Starr J. Murphy and Charles O. Heydt of Montclair, N. J., and Katherine Bement Davis of Bedford, N. Y. This bureau has for its objects the study, amelioration and prevention of undesirable social conditions, crimes and diseases which adversely affect the well-being of society, with special reference to prostitution and the evils associated therewith, and for the establishment of voluntary aid to cooperate with public and private agencies.

Board to Study School Children's Ailments.—Health Commissioner Dr. Francis E. Fronczak, Buffalo, has appointed an advisory or consulting board of eleven physicians to act with Dr. Arthur E. Schaefer, deputy health commissioner and head of the Bureau of Hygienics, to study and remedy physical ailments responsible for subnormal school children. The board is made up as follows: neurology, Drs. Floyd S. Crego, Arthur C. Schaefer, R. Montfort Schley, Herman G. Matzinger and D. R. Kuhlman; medicine, Drs. Carroll J. Roberts, Franklin W. Barrows and Francis A. Drake; rhinology and laryngology, Dr. George L. Brown; ophthalmology, Dr. Charles S. Meahl, and gynecology, Dr. Maud J. Frye.

New York City

New Home for Nurses.—The Red Cross Hospital, located on Central Park West, is about to build a four-story extension to the hospital building to be used as a nurses' home, at a cost of $20,000.

Vaccination for Vacationists.—Health Commissioner Lederle urges those who are going to spend their vacations in the country to be vaccinated against typhoid and reminds them that the Health Department will perform the vaccination free.

Personal.—Dr. S. Simon Baruch and Dr. Augustus B. Wadsworth have resigned from the faculty of the College of Physicians and Surgeons.——Dr. and Mrs. C. A. Brown, Dr. and Mrs. William Fletcher Stone, Dr. and Mrs. Robert Abbe, Dr. Alexis Carrel and Dr. J. E. Palmer have sailed for Europe.

Protection Against Wood Alcohol.—The New York Commission for the Prevention of Blindness has written to Mayor Gaynor urging him to sign the ordinance recently passed by the Board of Aldermen requiring manufacturers of wood alcohol in New York State to label the liquid "wood poison." In investigating the causes of blindness in the state it was found that four persons had been killed and fourteen blinded during the past year by drinking or inhaling wood alcohol. The Central Federated Union has also asked the mayor to sign the ordinance.

Commencements.—Cornell University conferred the degree of doctor of medicine on nineteen graduates at its commencement on June 12. Addresses were made by Dr. William L. Polk, Dean of the Medical Department of the University and by Acting President Crane of the University. It was announced that every graduate had received a hospital appointment.——The Medical Department of New York University and Bellevue Hospital Medical College bestowed diplomas on seventy-five graduates at the annual commencement on June 4. The Valentine Mott bronze medal was awarded to Noel H. Campbell of Brooklyn; the John A. Fordyce prize in dermatology to Myron Louis Morris of New York, and the Glover C. Arnold prize in surgery in equal parts to Thomas Webster Edgar and Irving Gray, both of New York.

Public Health Board.—Representatives of nearly one hundred private charitable organizations met at the New York Academy of Medicine on June 4 under the auspices of the Public Health Committee of the Academy and formed a central committee for the purpose of securing cooperation toward the general conservation of the public health of the city. The following resolutions were adopted:

WHEREAS, There are in the city about 100 private organizations interested in the various phases of public health work; and

WHEREAS, The existing lack of close cooperation and coordination permits duplication and waste of effort as well as distinct loss in effectiveness of the various independent endeavors; therefore be it

Resolved, That a central committee of the public health of New York City, composed of representatives of the various organizations, be chosen to act as a clearing house for the exchange of ideas and information, and for the coordination of the varied private health activities of the city and to provide for the institution of an annual conference of the organizations.

The central committee was made up as follows: Chairman, John H. Finley, president of City College; secretary, Dr. E. H. Lewinski-Corwin; Dr. John H. Huddleston, Miss Lillian D. Wald of the Nurses' Settlement; Dr. Edward L. Keyes, Jr., Dr. C. E. A. Winslow of the American Museum of Natural History; Dr. Luther H. Gulick, Dr. Livingston Farrand, Homer Folks, and Charles L. Dana. It was announced that Mrs. E. H. Harriman had offered to meet the expenses of carrying on the work.

NORTH CAROLINA

State Society Meeting.—At the annual meeting of the Medical Society of the State of North Carolina held in Morehead City, June 17-19, the following officers were elected: president, Dr. J. M. Parrott, Kinston; vice-president, Dr. John R. Irwin, Charlotte; secretary, Dr. John A. Ferrell, Raleigh (reelected); chairman of the committee of arrangements, Dr. Albert Anderson. Drs. Cyrus Thompson, Jacksonville, and A. A. Kent, Lenoir, were chosen members of the State Board of Health. The new board of councilors was organized and elected Dr. M. L. Stevens, Asheville, president, and Dr. K. P. B. Bonner, Morehead City, secretary. The society adopted a plan of medical defense whereby an attorney is employed by the organization to handle all prosecutions of members and to look after the enforcement of the medical laws of the state, thus relieving individual members and the component societies from this duty.

OREGON

Alumni Association Organized.—On June 19, a number of the graduates and faculty of the medical department of the Univeristy of Oregon met in Portland and organized an alumni association, electing the following officers: president, Dr. W. E. Smith, Portland; vice-presidents, Drs. William A. Trimble and J. C. Tamiesie, Portland, Dr. Isabel Sedgwick, Vancouver, Wash., and Dr. F. E. Selover, Eugene; secretary, Dr. A. G. Bettman, Portland; treasurer, Dr. Charles L. Rybke, Portland. It was decided that after the merger of the medical department of the Willamette University, Salem, with the medical department of the University of Oregon, the alumni of the former institution will be admitted to the Association on equal terms. The merger takes place June 17.

PENNSYLVANIA

Personal.—Dr. O. F. Harvey has resigned from the staff of the White Haven Sanatorium to accept a position as assistant superintendent of a similar institution in Howell, Mich.

Lazear Memorial Fund.—At the twenty-fifth reunion of the class of 1888 of Washington and Jefferson College, Washington, June 17, a library memorial fund was established in honor of Dr. Jesse W. Lazear, M.C., U. S. A., a member of the class, who left before graduation to study medicine and who afterward became a member of the commission to investigate the rôle of the mosquito in the transmission of yellow fever, and therein became a martyr to the cause of scientific research.

Philadelphia

City Bath Houses Open.—Bath houses in every part of the city were thrown open on June 20 for the summer season; Mondays and Thursdays will be reserved for women and girls.

Alumnae to Raise Endowment.—The Alumnae Association of the Women's Medical College has formulated plans to raise an endowment fund of $500,000 to continue maintenance of the college as a separate institution.

Health Officer Sustained.—On June 20, the Board of Health ordered the quarantine of a residence on North Bouvier Street, upholding the diagnosis of scarlet fever made by Dr. Andrew A. Cairns of the board's staff in opposition to the verdict of four other physicians.

Civic Club to Work for Wrapped Bread.—The Civic Club, through its pure food committee, plans a campaign this summer to arouse women to the unnecessary danger incurred through the handling of bread. An endeavor will be made to have bakers wrap all bread so soon as it leaves the ovens.

More Vivisection Warrants.—The Women's Society for the Prevention of Cruelty to Animals is preparing further prosecution of those connected with the medical school of the University of Pennsylvania and several additional warrants will be issued. Dr. J. E. Sweet, assistant professor of surgical research, is under bail awaiting a hearing on the charge of cruelty.

Health Bureau Issues Warning.—The Department of Health has issued a warning to the householders of the northeast section of the city to boil all water coming from the city mains, because of an increase in the number of typhoid fever cases. Manufacturers are blamed for the increase for pumping raw unfiltered water in the piping system, connected at some points with the city mains.

Building for Medical Society.—At the meeting of the Luzerne County Medical Society in Wilkes-Barre, June 11, the executive committee was authorized to purchase a site for the erection of a permanent home for the organization. A site 54 by 75 feet at South Franklin Street has been selected and a two-story brick building will be erected on this site containing offices, assembly and reading rooms and a library.

Baby Saving Show Opened.—The annual baby saving show, under the auspices of the Child Hygiene Association opened on the second floor of the City Hall, June 19. The exhibit will be conducted all summer and in addition to a model room, showing the best conditions for raising a child, an apartment is shown showing the worst conditions. One corner of the show is devoted to teaching how a baby should be treated and cared for at bathing time; how a child should be kept cool, etc.

Medical Institutions.—Builders are estimating on the plans and specifications for a new *x*-ray laboratory for the Medico-Chirurgical Hospital.——The city is prepared to begin the additional buildings at the Philadelphia Institution for the Feeble-Minded at Byberry Farms. Contracts have been awarded for a two-story building, containing dining room and kitchen, 149 by 78 feet, to be built at a cost of $28,000, and a laundry building, a two-story structure, 43 by 90 feet, to cost $41,000.

Class Reunions.—At the annual reunion of the class of 1893 of the Medical Department of the University of Pennsylvania, June 13, Dr. John R. Frost, secretary of the class, was presented with a gold watch in appreciation of his work as class historian.——At the fifteenth annual reunion dinner of the medical class of 1898 of the University, held June 15, Dr. A. A. Uhle was presented with a gold watch given by the class as a reward to the man who had done the best and most notable research work since graduation; Dr. Theodore Le Boutillier was unanimously elected permanent class historian and announcement was made that a permanent club house at 3705 Woodland Avenue had been secured.

Hospitals.—The hospitals on the Race and Chestnut Street Piers opened June 19, but neither will be in running order for a week, owing to the provisions of recent appropriations to the Department of Child Hygiene of the Bureau of Health. The Chestnut Street Pier will be kept as heretofore as a nursery and play place for babies while the Race Street Pier will have sixty beds installed, have fifteen nurses and a resident physician, and all babies found to be in need of hospital treatment will be sent there.——A school popularity contest was opened June 10 to obtain funds for the erection of the Providence General Hospital, to be built at Lincoln Drive and Wissahickon Avenue. A perpetual bed, valued at $5,000, will be established for the school receiving the largest number of votes, to be used by sick pupils.——The West Philadelphia Hospital for Women, Preston and Forty-First Streets, is planning for a brick addition.——Alterations, to cost $3,000, are to be made to the Williams ward building at the department for the insane of Pennsylvania Hospital, Market and Forty-Fourth Streets.——The Hospital of the Woman's Medical College of Pennsylvania opened its new building in North College Avenue, June 3.

SOUTH CAROLINA

Dispensary Opened.—A medical dispensary has been opened at Hartsville. It is located in a cottage in Mill Village which as been remodeled. Medicines and the services of a trained nurse are at the disposal of the operatives without expense.

New State Board Members.—The governor, on recommendation of the South Carolina Medical Association, has appointed Dr. E. W. Pressly, Clover, and Dr. John Lyon, Ninety-Six Greenwood, as members of the State Board of Medical Examiners.

Personal.—Dr. W. L. Pou has completed sixty years of practice at St. Matthews.——Dr. Lee J. Hammett, Gaffney, has been appointed resident physician at Mountain View Sanatorium, Catawba, Va.——Dr. William Weston, Columbia, associate physician at Thompson Infirmary, has resigned and will specialize in diseases of children.——Dr. J. J. Watson, Columbia, has been appointed physician in charge of the infirmary.——Dr. G. M. Mood has been elected city bacteriologist of Charleston, vice Dr. Robert Lee Wilson.

SOUTH DAKOTA

New Hospital.—Dr. T. S. Kammerling, Spencer, has purchased the Dr. Kelly Hospital in that place and will take over the management at once.

Personal.—At the annual stockholders' meeting of the German-Baptist Hospital Association, Aberdeen, Dr. C. A. Homan was reelected president and Dr. F. W. Freyburg, Mitchell, vice-president.——Dr. Frederick W. Minty, Rapid City, has been designated as the official censor of the Black Hills Medical Society.

Physicians Exonerated.—At a meeting of the Board of Censors of the Black Hills Medical Association, charges preferred by Dr. C. W. Hargens, Hot Springs, against Drs. P. T. Geyerman, J. B. Naftzger and F. E. Walker, Hot Springs, for alleged violation of the principles of ethics by advertising in Hot Springs papers, were dismissed after an exhaustive hearing.

State Association Meeting.—The thirty-second annual meeting of the South Dakota State Medical Association was held in the Law Building of the State University of Vermillion, May 27 to 29 and the following officers were elected: president, Dr. F. A. Spafford, Flandreau; vice-presidents, Drs. Fred Treon, Chamberlain, and J. B. Vaughan, Castlewood; secretary-treasurer, Dr. R. D. Alway, Aberdeen, and councillors, Drs. H. T. Kenney, Pierre, and T. J. Billion, Sioux Falls.

TENNESSEE

New Isolation Hospital Recommended.—Dr. W. E. Hibbett, health officer of Nashville, has recommended that a new isolation hospital be constructed for the city. The old building is located some distance from the city, is too small and is at times surrounded by backwater.

New Officers.—East Tennessee Medical Association spring meeting held at Lenoir City, May 15-16; president, Dr. J. G. Eblen, Lenoir City; secretary-treasurer, Dr. H. P. Larimore, Chattanooga. The fall meeting will be held at Rogersville and the spring meeting of 1914 at Harriman.

State Board Elections.—At the annual meeting of the State Board of Medical Examiners held in Nashville, May 30, Dr. Ambrose McCoy, Jackson, was elected president to succeed Dr. E. E. Hunter, Elizabethton; Dr. W. L. McCreary, Knoxville, vice-president, vice Dr. W. H. Halbert, Nashville, and Dr. A. B. De Loach, Memphis, secretary in place of Dr. C. A. Abernathy, Pulaski. The office of the secretary is to be moved to Memphis.

Personal.—Dr. A. B. De Loach, Memphis, has been appointed a member of the State Board of Medical Examiners.——Dr. I. J. Tatum has been elected a member of the Gleason common council.——Dr. D. M. Ford, Meadorville, was fired on from ambush near that place, June 11, but was not injured. An ex-convict has been arrested charged with the crime.——Dr. Z. D. Massey, physician of the State Prison, Nashville, was operated on in St. Thomas Hospital in that city, June 1, for appendicitis, and is reported to be doing well.

TEXAS

Warning.—The public is warned against a person signing himself John Gamble, who is going through the State of Texas claiming to be organizing a beneficiary order known as the Loyal Order of Lions. He is said to agree to appoint a physician medical examiner for the order, providing he will become a member of the order. After collecting from $3 to $5 from the physician, however, it is said that Gamble disappears.

Personal.—Dr. H. K. Leake has been reelected president of the Board of Health of Dallas.——Dr. August J. Streit, Galveston, was operated on for appendicitis in Waco June 6.——Dr. C. W. Truehart, recently reelected city health officer of Galveston, has resigned, to take effect August 15.——Dr. T. T. Jackson, San Antonio, has been elected health officer of Bexar County, vice Dr. D. Berrey.—Dr. W. L. Barnard, Carrizo Springs, has been appointed local surgeon of the San Antonio, Western and Gulf Railroad.——Dr. John T. Moore has been elected president and Dr. S. M. Lister, vice-president, of the Houston Board of Health.

Sanatorium and Hospital Notes.—Newton Sanatorium, Cameron, is well under construction. The building will cost about $50,000.——Tarrant County and Fort Worth will be the first to erect a joint county hospital under the provisions of the Colquitt-McGregor act, which goes into effect July 1. Under this act, cities and counties acting jointly are given

authority to care for and maintain locally, victims of tuberculosis or other communicable disease and thereby obviate the necessity of sending them to the State Tuberculosis Colony, Carlsbad.——Dr. I. N. Suttle, Corsicana, has purchased a house at Thirteenth Street and Sixth Avenue and will convert it into a sanatorium for surgical patients.——Physicians of Wichita Falls are planning the establishment of a new hospital.——The new two-story reinforced concrete building erected by the Texas Antituberculosis Association on the Sealy Hospital ground, Galveston, for the treatment of children suffering from tuberculosis of bones, is ready for occupancy and will be in operation some time this month.

Faculty Changes.—The following changes in the faculty of the University of Texas Department of Medicine are announced: Dr. George Fay Gracey, professor of chemistry and toxicology resigned to enter practice in New York as a specialist on diseases of the eye; Dr. Howard Rush Dudgeon, adjunct professor of surgery and clinical professor of genito-urinary diseases and dermatology, resigned to enter private practice in Waco; Dr. George Cyrus Kindley, demonstrator of pathology and bacteriology, resigned to enter practice in Pittsburg; Dr. Reuben Morgan Hargrove, resigned to take a surgical internship in Philadelphia hospitals; Dr. James Persons Simonds, professor of preventive medicine, is attending summer school at Harvard University, preparing to take the degree of Doctor of Public Health; Dr. Marie Charlotte Schaefer, associate professor of biology, histology and embryology, has been given a leave of absence for one year on account of health; Dr. James J. Terrill, professor of pathology, has resigned and will locate in Temple; Dr. H. O. Sappington, lecturer on, and demonstrator in obstetrics and gynecology, has resigned on his election as member of the Galveston City Commission.

VIRGINIA

New Officers.—Southwestern Virginia Medical Society at Roanoke, June 3-4: president, Dr. John A. Tipton, Hillsville; secretary-treasurer, Dr. A. B. Greiner, Rural Retreat, (reelected). Marion was selected as the next place of meeting.

Personal.—Dr. B. E. Summers has been elected medical inspector of Richmond, vice Dr. V. T. Goode, Jr., resigned on account of ill health.——Dr. Charles V. Carrington, Richmond, who recently returned from abroad, was operated on for acute appendicitis at St. Luke's Hospital, June 1, and is reported to be doing well.

Hospital News.—A preliminary meeting of physicians of the Eastern Shore was held at Accomac recently, looking to the establishment of a hospital at Accomac Court House.——The last of the patients were transferred from the Virginia Hospital to the Memorial Hospital, Richmond, June 10. It is probable that the Virginia Hospital will be converted into dormitories for the use of students of the Medical College of Virginia.

LONDON LETTER

(From Our Regular Correspondent)

LONDON, June 7, 1913.

The Falling Birth-Rate

According to a report just issued by the census office this country contains a larger proportion of young adults than either France, Germany, Holland or Sweden. It has fewer children than any of those countries but France, and fewer older persons than any except Germany. In consequence of the fall in the birth-rate the proportion of young children has considerably diminished. For each million of the population in 1881 there were 135,551 children under the age of 5 years. In 1891 this number fell to 122,523, and since then to 114,262 in 1901 and to 106,857 in 1911.

At the London School of Economics and Political Science Karl Pearson, in delivering a course of lectures on "Infant Welfare," drew attention to the falling birth-rate which has existed since 1878. He showed that the process was less rapid in places like Sheffield where men were chiefly employed, whereas in places like Dewsbury, where wool was the staple industry, it was more marked. In woolen areas the average families were 1.3, in cotton areas 1.8 and in engineering areas 2.12, the interpretation being that, except in the latter case, the families, and consequently the towns, were not reproducing themselves. Immigration from the rural districts could not continue, for their birth-rates, too, were falling. The character of the population was tending to become more middle-aged, and if the population was to be replaced, average families of four and five were required—a point of vital importance to the nation, for no nation of forty millions could stand against one of sixty millions. That was the political aspect. The suggestion had been made that the loss might be made good by better care of the children, but by keeping the children alive it would not be possible to get the class of mentally and physically fit children that was desired. It had to be remembered that a fall in the infant death-rate was accompanied by a rise in the percentage of delicate children, and vice versa.

Mental Deficiency Bill

At present scores of thousands of mental and defective persons are left uncared for and unprotected to live a miserable existence, who might live happily under proper provisions. With this object the government has introduced a bill which has passed its second reading and according to which all mentally defective persons, whether lunatics, imbeciles, idiots or feeble-minded, will be placed under a single board of control consisting primarily of the existing state-paid lunacy commissioners. This board will consist of twelve paid commissioners, at least one of whom must be a woman, and three unpaid commissioners, of whom one must be a woman. Feeble-minded persons not now certifiable as insane will not be dealt with compulsorily unless it is proved that they are neglected, abandoned or cruelly treated, or that they are guilty of some crime or of habitual drunkenness or children certified by the local authority as being too low mentally or morally to benefit by special schools. The only other class which comes under the bill is that of women who give birth to illegitimate children while in receipt of poor-relief. The number of persons who it is estimated will have to be provided for by the bill is 90,000.

PARIS LETTER

(From Our Regular Correspondent)

PARIS, June 6, 1913.

A Chair of Exotic Pathology

A chair of exotic pathology has been established at the Collège de France. The assembly of the professors of the college has submitted for the choice of the ministry, Dr. Nattan-Larrier as their first choice and Dr. Tanon as their second choice for this chair.

Death of Dr. Gaujot

Dr. Gaujot, former medical inspector of the military health service, is dead. He was professor of clinical surgery and director at the Ecole d'application de médecine et de pharmacie militaires du Val-de-Grace.

A Tribute to American Science

Admiral Peary, the discoverer of the North Pole, is to be received this evening at a formal meeting of the Geographical Society. In connection with this, Charles Nordmann, an astronomer at the Observatory of Paris, published an article which ended thus: "In honoring Peary we give just due to an admirable thing which excites the envy of the whole world—American science. Is it because this young nation is not tied down by red tape as we are? Is it because in that country old age is not a necessary or sufficient condition for obtaining the opportunities to achieve things and that young men direct the laboratories as well as command the battleships? One thing is certain: In addition to the monstrous cannons which command respect in the domain of force, the United States knows how to make new arms for conquering the realms of thought. In this field especially America is great and is worthy of its flag studded with stars."

A Chair of Child Hygiene

The commission on depopulation has decided that it would be well to organize in the various schools of medicine specialized instruction on child hygiene. The Faculté de médecine de Paris passed a resolution last February in favor of the creation of a chair of child hygiene (THE JOURNAL, March 22, 1913, p. 917).

Physicians' Service in Dueling

Has a doctor the right to fees for his services as a physician in a duel? A court in Cairo presided over by a French judge recently passed on this question. A doctor demanded $20 (100 francs) as his fee for his services in a duel. The duelist declared that the claim was not legal because it was based on complicity in an illegal act. The decision was that although the seconds of the duelist were his accomplices in

crime, this was because the conditions of the duel required the seconds to give aid and assistance to the duelist in this commission; but the physician, when he gives no such aid, merely acts in his official capacity, and therefore has a right to his fee.

BERLIN LETTER

(From Our Regular Correspondent)

BERLIN, May 30, 1913.

Personal

Prof. F. A. Hoffmann, director of the University Medical Policlinic at Leipsic, has been appointed regular privy councillor, with the title of Excellency.

Professor Abderhalden goes to Vienna as the successor of Professor Ludwig to take charge of the Institute for Medical Chemistry.

Alcoholic Excesses among Students

That in spite of the anti-alcoholic declaration of the students the sport of drinking among them occasionally leads to marked excesses, has been shown anew by an unfortunate occurrence at Halle. May 26 a student took a seat at a table in a beer-saloon, put a beer-glass on his head and let a fellow student shoot at it. Four shots were fired, amid the great excitement of the crowd, three of which went wide of the mark; the fourth hit the student in the head.

At the surgical clinic, to which the wounded man was taken, there was found a complete left-sided hemiplegia. The prognosis is said to be very doubtful. The unlucky marksman who, like the student, was drunk, was arrested. With some satisfaction we have ascertained that in this sad case it is not a medical student who is concerned, but a law student and a philologist. It is to be hoped that the occurrence will be a flesh-and-blood illustration, teaching the results of acute and chronic alcoholism to medical students.

Temperance Leaflets for Soldiers

In order to restrict the use of spirits in the army, all soldiers are furnished free of cost with circulars which describe, by examples, the bad results of excessive use of alcohol and the military offenses resulting from it. After next autumn the circulars will be distributed yearly to the new recruits.

Offices of Specialists

In consequence of the remarkable changes in population in Greater Berlin, especially with reference to the fact that the patients of the Krankenkassen often live in different localities from those in which the private dwellings of the specialists are situated, a number of specialists have established one or more offices in various locations aside from their private offices. A number of general practitioners have repeatedly objected to this custom, because they have found that it injures their practice. In addition many other specialists do not approve of the methods of their colleagues.

In order to restrict this evil the Union of Free-Choice Insurance Physicians has proposed that in future the members shall have their medical insurance office only at the location of their private office. In order to carry out this idea a general meeting of the society, which includes nearly 2,000 physicians of Greater Berlin, was called. After thorough and very lively debate the specialists remained the victors. It was determined by vote that the hitherto prevailing custom should be allowed to continue.

Dedications of Hospitals

The additional buildings of the Charlottenburg Infants' Home were dedicated, May 8. The home is founded by a private society. In this infants' home—the only institution of its kind in Germany—mothers may remain six months with their children, an advantage of the greatest importance for the health and prosperity of the children. In addition, children of well-to-do families may be taken for a certain time to board, a provision by which the society is assured a good source of income.

May 19, a new lupus sanatorium with forty beds was opened for business in Giessen. The director of the institution is Professor Jesionek, director of the Giessen clinic for skin and venereal diseases. In addition to this sanatorium, there is a similar lupus institution at Graudenz in West Prussia.

Merging of Annual Meetings

In order to avoid the contemporaneous sessions of German annual medical meetings, the executive committee of the Gesellschaft der Naturforscher und Aerzte has written to the German-Austrian scientific and medical societies proposing and urging a systematic and scientific cooperation of these societies with the first-mentioned association. It is proposed that all the societies hold their annual meeting separately one year, and the next year in common with the other societies, at the annual meeting of the first-mentioned association, generally called the Naturforscher congress. One year chiefly the special questions of each particular science will come up for discussion, while every alternate year, in which the common meeting is held, questions will be discussed which are of interest in common to all scientists and physicians, or to larger groups. This matter will be discussed on the occasion of the eighty-fifth Naturforscher meeting at Vienna next autumn.

VIENNA LETTER

(From Our Regular Correspondent)

VIENNA, June 7, 1913.

Some Figures Relating to Contract Practice in Austria

The official report of the union of the Austrian sick clubs (Krankenkassen) was published recently, dealing with the year 1912. Some of the figures are interesting to medical men. Thus, the number of the members of all the 3,350 clubs—for as many are reported on—was 3,467,329. Of these, 1,353,165, or about 40 per cent., were ill for at least three days each; under this space of time no records are kept of those unfit for work. These patients received altogether sick-pay for 29,042,720 days, or on an average each patient was twenty-three days ill. It is interesting to note that besides these cases of illness, 56,198 cases of childbirth, with 1,555,508 days of sick-payment were recorded (28 days each). The last item is one of the latest additions to the benefits extended to the members of the clubs, and the beneficial effect of this measure on the health of the mothers is well marked. There were 27,731 cases of death from disease among the members, 0.75 per cent of the total number of the insured persons, while this figure formed a little over 2 per cent. of the total of the patients in 1912. It is one of the lowest figures of mortality on record since the formation of the Krankenkassen (1882) in Austria.

The income of all the clubs from the weekly and the monthly contributions of the employers and employed persons (for these form the clubs) amounted to $18,000,000 (86 million kronen), while the expenditures were nearly $16,000,000 (79,000,000 kronen). The expenditures in favor of the insured person required 85 per cent. of the total expenditure. Out of these sums, medical help, including medicines, required 13½ million kronen; in 1911 it required 12½ million, and in 1910 only 11½ million (from 16 to 17 per cent. of the total). If we consider the expenditure per patient, we find that each patient cost the clubs 70 cents (3.67 kronen) or each day 7 cents (one-third of a krone). Such small sums naturally show that the payment of the medical men must be very low indeed. But the surplus of $1,500,000 (7 million kronen) signifies that doctors' fees could be increased a good deal without endangering the budget of the clubs, as they always assert.

Marriages

LAWRENCE R. PACKARD, M.D., Whitehall, Mont., to Miss Fanny Graves of Shelton, Minn., at Livingston, Mont., June 1.

LAWRENCE SAFFORD CHAMBERLAIN, M.D., San Diego, Cal., to Miss Mabelle Lucille Power at Coronado Beach, June 7.

WILLIAM LAWRENCE ESTES, M.D., South Bethlehem, Pa., to Miss Anne Greble of Washington, D. C., June 11.

JAMES ROBERT MCCORD, M.D., New York City, to Miss Marion Crawford Roberts of Utica, N. Y., June 25.

IRA ELLIS HUNTER, M.D., to Miss Pearl Belle Langendorf, both of Toledo, Ohio, at Perrysburg, O., June 5.

PAUL COLGROVE, M.D., Oberlin, Ohio, to Miss Mildred Kerlin of Storm Lake, Iowa, at Iowa City, Iowa, June 11.

AUGUST J. STREIT, M.D., Galveston, Tex., to Miss Benedicta Hander of Perry, Tex., at Waco, Tex., June 5.

ROBERT GARFIELD SAVAGE, M.D., Oak Park, Ill., to Miss Margaret Neary of Austin, Chicago, June 11.

ROBERT FRANKLIN LISCHER, M.D., Mascoutah, Ill., to Miss Clara E. Herman of Freeburg, Ill., June 10.

JOHN CHARLESWORTH LITTELL, M.D., U. S. N., to Miss Grace L. Green at Salt Lake City, Utah, June 4.

ARGO MONTAGUE FOSTER, M.D., Appleton, Wis., to Miss Isla Saunders of Oconto Falls, Wis., June 6.

HENRY THEODORE COLLENBURG, M.D., to Miss Mary N. Stewart, both of Baltimore, June 14.

JOHN WILLIAM BROWN, M.D., Bremond, Tex., to Miss Kate Laurence Adams of El Paso, June 4.

JAMES E. RAWLINGS, M.D., Daytona, Fla., to Miss Madge Mogee of Norristown, Pa., May 22.

WARREN FREDERICK PEARCE, M.D., to Miss Lillian Temple Swope, both of Quincy, Ill., May 1.

RUPERT NORTON, M.D., Baltimore, Md., to Miss Cecilia Hendrickson in New York City, June 7.

CHARLES BURNSIDE, M.D., Los Angeles, Cal., to Miss Ethel Kuhn of Audubon, Iowa, June 11.

LEE MAXWELL NANCE, M.D., Dallas, Tex., to Miss Dorothy Rose of Vicksburg, Miss., June 5.

ISRAEL HENRY CHILCOTT, M.D., to Miss Vera Marguerite Apfel, both of Chicago, June 4.

ADOLPH AUGUST PASSER, M.D., Olivia, Minn., to Miss Irene Monk of Minneapolis, May 15.

J. CLARK STEWART, M.D., to Miss Isabelle A. Raiche, both of Minneapolis, Minn., June 4.

THOMAS A. PHILLIPS, M.D., to Miss Mary Louise Coon, both of Lyons, N. Y., June 4.

WILLIAM RALPH EDDLEMAN, M.D., to Miss Ella Reever, both of Gold Dust, Tenn., May 28.

H. BEACH MORSE, M.D., to Miss Marion Jean Parks, both of Bay City, Mich., May 31.

JOHN ADAMS WOLFER, M.D., Chicago, to Miss Edna Ola Kunze of Detroit, June 10.

ALLAN N. MOORE, M.D., to Mrs. Grace Holly Lee, both of Lockport, N. Y., June 4.

SAMUEL E. PARR, M.D., to Miss Alice Louise Strawn, both of Ottawa, Ill., June 18.

Deaths

Francis Jenks Hall, M.D. Johns Hopkins University, Baltimore, 1905; died in Peking, China, May 25, from typhus fever, aged 37. After a year in hospital work he went to China as a missionary of the Presbyterian Board, where he filled chairs in the Union Medical College and Woman's Medical College, Peking, being dean of the former at the time of his death. Dr. Hall was a Chinese scholar of great promise and at the time of his death was engaged in getting out the second Chinese edition of Osler's "Practice of Medicine."

Thomas H. Barnes, M.D. Medical College of Virgina, Richmond, 1853; University of Iowa, Iowa City, 1872; a retired practitioner of Suffolk, Va.; a former member of the Virginia legislature and of the convention which revised the constitution of the state; chairman of the board of visitors of the Medical College of Virginia, Richmond, and of William and Mary College, Williamsburg; a practitioner of Nansemond County until 1885, when he retired; died at his home in Suffolk, June 4, from senile debility, aged 82.

Roscoe Evans, M.D. Western Pennsylvania Medical College, Pittsburgh, 1889; a member of the Medical Society of the State of Pennsylvania; assistant demonstrator of anatomy and assistant lecturer on surgery in his alma mater; district surgeon of Allegheny City and assistant surgeon of the Pennsylvania System; chairman of the executive committee of the Pittsburgh School Visitors Association; died at the home of his father in Pittsburgh, June 6, from pneumonia, aged 38.

Charles H. Haskin (license, Michigan, eight years of practice, 1900); a practitioner since 1869; for four years a member and once president of the common council of Jackson; county physician of Jackson County for two terms and overseer of the poor for four years; a veteran of the Civil War; died at his home in Jackson, May 28, aged 74.

Mark W. Moore (license, District of Columbia, 1896); manager of the Law Reporting Company, Washington; first secretary of the American Federation of Labor; died at his home in Washington, May 16, from heart disease, aged 61.

J. M. Finney (license, Missouri, years of practice, 1883); died suddenly in his office in Cape Girardeau, June 1, from cerebral hemorrhage, aged 61.

George Washington Towar, M.D. Harvard Medical School, 1858; assistant surgeon of the Twenty-Fourth Michigan Volunteer Infantry and later assistant surgeon in the Army until 1882; president of the Towar Creamery Company, Detroit; died at his home in that city, May 31, from cerebral hemorrhage, aged 78.

Thomas Claude Waldron, M.D. Louisville and Hospital Medical College, 1908; a member of the American Medical Association; physician to the W. M. Ritter Lumber Company, Matewan, W. Va.; died at the Knox Creek Hospital, Hurley, Va., May 14, from abscess of the liver, aged 31.

Charles Drennen, M.D. Medical College of Albama, Mobile, 1873; of Drennens, Ala.; a Confederate veteran; for many years a practitioner; for four years a member of the common council of Brimingham; died at his winter home near Orlando, Fla., June 3, from arteriosclerosis, aged 72.

Thomas Jefferson Daniel (license, Arkansas, 1903); representative from Logan County in the Arkansas legislature in 1903 and author of the medical bill; formerly a member of the Logan County Board of Medical Examiners; died at his home in Magazine, June 4, aged 56.

John Daniel Turner, M.D. Jefferson Medical College, 1858; a member of the Medical Society of Virginia; surgeon in the Confederate service throughout the Civil War; died at his home "Orapaxe," New Kent County, June 2, aged 79.

Owen Crow Spear, M.D. Jefferson Medical College, 1906; a member of the Delaware State Medical Society; of Wilmington; died in the Delaware Hospital, Wilmington, June 3, four days after an operation for appendicitis, aged 48.

William Stroud Bolton, M.D. Tulane University, New Orleans, 1880; of El Paso, Tex.; surgeon of volunteers during the Spanish-American War with service in the Philippines; died at the Hotel Dieu, El Paso, June 3, aged 54.

William Tillman, M.D. University of Munich, Germany, 1887; formerly city physician of La Crosse, Wis., and later a practitioner of Stoddard; died at the home of his mother in La Crosse, June 4, aged 52.

A. P. Sparkman, M.D. Tulane University, New Orleans, 1861; for thirty-eight years clerk of the circuit court of Pike County, Miss.; a Confederate veteran; died at his home in Magnolia, June 2, aged 72.

Frederick Andrew Grossman, M.D. Eclectic Medical Institute, Cincinnati, 1903; at one time postmaster of Cleves, Ohio; was found dead under his overturned automobile, near Cleves, June 4, aged 56.

Lovett Taft Guerin, M.D. Starling Medical College, Columbus, Ohio, 1870; of Columbus; a veteran of the Civil War; died in Grant Hospital, Columbus, June 3, from diabetes, aged 68.

Edward C. Beach, M.D. Yale Medical School, New Haven, Conn., 1888; a member of the Connecticut State Medical Society; died at his home in Milford, June 2, from pneumonia, aged 46.

Walter August Jensen, M.D. University of Iowa, Iowa City, 1911; formerly of Melbourne, Iowa; died in the E. M. and H. E. Brown Sanitarium, Independence, Iowa, June 1, aged 35.

Leonard C. Furr, M.D. Atlanta (Ga.) Medical College, 1890; of Crandall, Ga.; died at that place, June 1, from gunshot wounds received in a pistol duel the day before, aged 50.

Herbert Whitworth, M.D. Pulte Medical College, Cincinnati, 1875; coroner, physician and health officer of Ford County; died at his home in Dodge City, Kan., May 17, aged 60.

Thomas Norvell Jefferis, M.D. Jefferson Medical College, 1886; for many years a practitioner of Mexico; died at his home in North Wilkesboro, N. C., May 30, aged 57.

George Henry P. Weeks, M.D. Hahnemann Medical College, Chicago, 1888; of Chicago; died in St. Ann's Hospital in that city, June 6, from pneumonia, aged 46.

Andrew Jackson Carpenter, M.D. Eclectic Medical College of the City of New York, 1886; died at his home in Neosho Rapids, Kan., May 17, aged 80.

J. D. A. McDonald, M.D. McGill University, Montreal, 1873; of Montreal; a well-known expert in chess; died in the Montreal General Hospital, May 31.

William H. H. McCloud (license, years of practice, Illinois, 1878); for forty-six years a practitioner; died at his home in Ridge Farm, June 4, aged 67.

James Thomson, M.D. University of Toronto, Ont., 1908; of Winchester, Ont.; died at his former home in Hastings, Ont., April 7, aged 25.

Amos B. Miller (registration, prothonotary of Berks County, Pa.); died in his home in Lancaster, June 2, from cerebral hemorrhage, aged 68.

Solomon Wexlar Laub, M.D. Tulane University, New Orleans, 1906; of Las Cruces, N. Mex.; died in Natchez, Miss., May 11, aged 34.

John Passmore Cheesman, M.D. Hahnemann Medical College, Philadelphia, 1879; died at his home in Swedesboro, N. J., May 7, aged 61.

George Alexander Pettigrew, M.D. University of Toronto, Ont., 1870; died at his home in Peterboro, Ont., March 4, aged 68.

Walter R. Gosewisch, M.D. Tulane University, New Orleans, 1888; died suddenly at his home in Los Angeles, May 24, aged 50.

Charles J. Wagner, M.D. Southwestern University, Dallas, Tex., 1908; of Dallas; died in Vienna, Austria, April 29, aged 26.

William S. Nelson (license, Arkansas, 1903); of Dilworth; died at Nashville, Ark., June 3, from congestion of the brain, aged 46.

John A. Lung, M.D. Cincinnati Physio-Medical College, 1849; of Chewelah, Wash.; died in Spokane, Wash., March 31, aged 89.

James S. McIntosh, M.D. Cincinnati College of Medicine and Surgery, 1867; died at his home in Covington, Tenn, May 4, aged 77.

George DeWitt Green, M.D. Hahnemann Medical College, Chicago, 1885; died at his home in Holt, Mich., May 24, aged 65.

Milo J. Gilkerson, M.D. Eclectic Medical Institute, Cincinnati, 1876; died at his home in Tekamah, Neb., April 8, aged 69.

James Howard Lott, M.D. Jefferson Medical College, 1878; of Buffalo, Wyo.; died in Hot Springs, Ark., May 26, aged 65.

Edward L. Downs, M.D. University of Maryland, Baltimore, 1886; died at his home in Butler, Pa., March 27, aged 55.

Jesse A. Eaton (license, Missouri, twelve years' practice, 1872); died at his home in Belgrade, May 6, aged 69.

Samuel M. Hardman (license, West Virginia, 1900); died at his home in Clarksburg, June 3, aged 62.

The Propaganda for Reform

IN THIS DEPARTMENT APPEAR REPORTS OF THE COUNCIL ON PHARMACY AND CHEMISTRY AND OF THE ASSOCIATION LABORATORY, TOGETHER WITH OTHER MATTER TENDING TO AID INTELLIGENT PRESCRIBING AND TO OPPOSE MEDICAL FRAUD ON THE PUBLIC AND ON THE PROFESSION

THE ELECTRO-OXYGEN INSTITUTE

Fake Concern at Omaha Swindled Many People—Promoters in the Custody of Federal Authorities—Formerly Driven Out of Louisville, Ky.

Some months ago[1] we published an account of the prosecution, instituted through the local medical profession of Louisville, of the promoters of a so-called "Advanced Medical Science Institute." At that time we said that probably this concern would be heard of elsewhere. In the latter part of April there appeared in the newspapers of Omaha outrageous advertisements of an "Electro-Oxygen Institute." This concern had a career of but two or three weeks, during which time, however, many people of Omaha and vicinity were swindled. It will be remembered that the chief promoter of the "Advanced Medical Science Institute" of Louisville was one X. W. or H. W. or Z. T. Witman. This is the man, as developments proved, who, together with his wife and Dr. E. D. Brantley, was promoting the Omaha fake.

In their newspaper advertising at Omaha they claimed to have their office equipped with $12,000 worth of wonderful electrical apparatus, including a $5,000 "electro-oxygen" machine, with which, in conjunction with the "famous Fredman serum," as they expressed it, they claimed to cure tuberculosis, and published alleged testimonials of patients to that effect. They also claimed to cure Bright's disease, diabetes and cancer, besides a host of other things, and did not hesitate to quote alleged statements from well-known medical men to the effect that surgery was a failure in such diseases as gall-stones and appendicitis, and that the electro-oxygen treatment was the only effective one. The impression given in their deceptively worded advertisements that they used the Friedmann serum for the treatment of tuberculosis brought dozens of patients to their offices. Knowing that their deception would soon be found out, after a large sum of money had been taken from the patients they closed the offices and departed without leaving any information as to their destination. Complaints of patients put the local and the United States authorities on their trail and they were located in Denver. Before they could be arrested, however, they again fled. Information that Dr. Brantley had returned to his former home, Memphis, resulted in his arrest in that city and from him it was discovered that Witman and his wife had found a "promising field" in Colorado Springs, where they also were arrested. The charge against them was using the mails to defraud. They were held in bail pending trial in the United States Court at Omaha.

1. Propaganda for Reform, THE JOURNAL A. M. A., Dec. 21, 1912, p. 2273

Correspondence

Where Is the Fundus of the Bladder?

To the Editor:—In view of the article by Dr. Lewis in THE JOURNAL (June 7, 1913, p. 1765) on "Where Is the Fundus of the Bladder?" may I ask what part of the bladder would Dr. Lewis call the base or bottom (fundus) in a man standing on his head, or lying down, or in a quadruped?

What part would he call the base or bottom of a cylindrical bottle, in whatever position it might be? How many sides has it, and if more than one, how delimit them?

What is the base or bottom of a pyramid, though standing on its apex?

To apply the term "summit" or "vertex" to the bottom of a bottle or a bladder, seems to me quite as much out of place as to apply the term "vertex" to a breech presentation.

M. E. WOODLING, M.D., Las Vegas, N. Mex.

[The preceding letter was submitted to Dr. Lewis, who replies:]

To the Editor:—I can see no force whatever in your correspondent's question. The fact that a person's bladder is turned upside down when he stands on his head does not change the name of the several parts of the bladder any more than it changes the person's name for him to go to bed. "Fundus of the bladder" means a certain part of the bladder, namely, the base of the bladder.

BRANSFORD LEWIS, M.D., St. Louis.

Fee-Splitting Places a Premium on Poor Surgery.—Fee-dividing in any form that is practiced is characterized by the *Journal of the Indiana State Medical Association* as "a dishonorable traffic in the ills of humanity. Followed to its logical conclusion it means the sale of the patient to the highest bidder. It can be nothing more than the Yankest commercialism when general physicians seek a fee-divider, and usually the one paying the largest commission, to whom patients are to be referred. In a general way the question of ability is not considered, and the embryo surgeon without education, training or experience can and does do a large surgical practice if he pays well for the services of the members of the steering committee. The unfortunate patient who has placed his trust in his family physician is not consulted." In an editorial note the *Journal* says that fee-dividing is a crooked deal between surgeon and general physician, with the patient as "the goat."

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

CORROSIVE SUBLIMATE POISONING

To the Editor:—In cases of poisoning by swallowing a tablet of corrosive sublimate, would it not be worth while to open the stomach promptly and deal locally with it? It might be found that the tablet had expended its corrosive influence on one or two spots which could be excised, with, perhaps, most of the poisonous substance.

I believe it is the local destruction, not the systemic poisoning, that kills the patient. In 1889 I treated a case in which a corrosive sublimate tablet had been used hypodermatically by mistake, and, although it produced local gangrene and a deep slough, there were no constitutional symptoms. In poisoning by swallowing large quantities of arsenic, too, as in "Rough on Rats," I have seen patients show no poisoning, but only gastritis, when the stomach has been emptied in a reasonable time. It may be found that these tablet cases may be best treated by the surgeons.

J. EMMET O'BRIEN, M.D., Scranton, Pa.

ANSWER.—Such poisons as arsenic and mercuric chlorid sometimes act very rapidly. Thus arsenic has been fatal in twenty minutes and mercuric chlorid at the end of half an hour. It is probable that the fatal mischief would be likely to have occurred before a patient could be made ready for operation.

The first thing to do in a case of poisoning, if possible, is to give an antidote; the next is to empty the stomach. In corrosive sublimate poisoning the antidote is white of egg, which should be given in not too great quantities since an excess may redissolve the precipitate at first formed. As soon as the antidote has been given the stomach should be emptied, preferably by the stomach-tube. In case the stomach-tube is not available copious draughts of milk containing emetics should be given.

Dr. W. H. Allen, Ph.G., Detroit, suggests as an antidote for poisoning by swallowing bichlorid tablets, the use of hydrogen sulphid or sodium sulphid, which will result in the formation of black mercuric sulphid which is insoluble in hydrochloric acid.

VALUE OF SALVARSAN IN THE SIGNIFICANCE OF WASSERMANN REACTION

To the Editor:—1. Do you consider a faintly positive Wassermann reaction, and ability to stand four injections of neosalvarsan of 0.9 gm. each, without great disturbance, and about three weeks apart, to be conclusive evidence of syphilis in one who has never had any of the cardinal symptoms of syphilis, such as angina, an eruption, enlarged lymphatics, loss of hair, chancre, etc.?

2. Does the mere fact that one can assimilate the salvarsan, even if a Wassermann is negative, indicate syphilis beyond a doubt?

3. What is a faintly positive Wassermann and what does it signify?

4. Could the disease be hereditary after 50 years, with no previous symptoms, and then give a Wassermann reaction? If so, would the use of salvarsan be proper?

E. F. FISH, M.D., Milwaukee, Wis.

ANSWER.—1. Yes.

2. No.

3. A positive result in the Wassermann reaction is indicated by the fact that no hemolysis of the blood-corpuscles used occurs. If a partial hemolysis only occurs, the reaction might be considered faintly positive; if complete hemolysis occurs, the reaction is negative. The failure of complete hemolysis would indicate that some factor was prohibiting its occurrence. If the conditions in the test have been carefully carried out, a partial hemolysis indicates the probability of a specific inhibition of the hemolytic action. Such a case would be suspicious of syphilis, but the evidence would not be conclusive.

4. While it is very improbable that a hereditary syphilis would remain to the age of 50 without producing symptoms, it cannot be regarded as impossible. Unless contra-indicated by the condition of the patient salvarsan would be proper treatment for any case of syphilis.

RIGGS' DISEASE

To the Editor:—1. Please give recent literature and books on the subject of Riggs' disease.

2. Are there other diseases similar to this that attack the gums?

FREDERICK BOOTH, Michigan City, Ind.

ANSWER.—1. The following books and articles treat of the subject:

Pickerill, H. P.: Stomatology in General Practice, Oxford University Press, New York, price $5.50.

Talbot, E. S.: Interstitial Gingivitis, Ransom and Randolph Co., Toledo, Ohio, price $4.00.

Noguchi, H.: Treponema Mucosum (new species) Mucin-producing Spirochete from Pyorrhea Alveolaris, *Jour. Exper. Med.*, August, 1912; abstr., THE JOURNAL, Aug. 17, 1912, p. 577.

Medalia, L. S.: Chronic Pyorrhea Alveolaris, *Boston Med. and Surg. Jour.*, Dec. 12, and Dec. 26, 1912.

Chapman, C. H.: Pyorrhea Alveolaris, *West Virginia Med. Jour.*, October, 1912.

Wood, J. H.: Biologic Therapeutics in Pyorrhea Alveolaris; Autogenic Method, *Kentucky Med. Jour.*, July 1, 1912.

Best, V. G.: Pyorrhea Alveolaris, *Dublin Jour. Med. Sc.*, February, 1912.

Glynn, E.: Vaccine Treatment with Special Reference to Pyorrhea Alveolaris, *Med. Press and Circular*, Jan. 17 and Jan. 24, 1912.

Briggs, E. C.: Interstitial Gingivitis, *Boston Med. and Surg. Jour.*, Aug. 31, 1911.

Williams, W. R.: Vaccine Therapy of Pyorrhea Alveolaris, *Am. Jour. Med. Sc.*, May, 1911.

2. Various poisons, as well as such diseases as scurvy, produce a softening and inflammation of the gums, but they have not the same characteristics as pyorrhea alveolaris (Riggs' disease).

TYPHOID MORTALITY

To the Editor:—Please state what percentage of typhoid-fever patients died fifteen or twenty years ago, and what percentage dies at the present time. I do not think that it is so successfully treated now as it was fifteen years ago.

W. G. HENDRIX, M.D., New London, Mo.

ANSWER.—A table is given by Hare in his "Practice of Medicine" showing the mortality in Philadelphia from 1888 to 1902. According to this table the mortality twenty-five years ago was 21 per cent.; twenty years ago it was 19 per cent.; in 1898 (fifteen years ago) it had fallen to 11 per cent., and in 1902 it was approximately at the same figure.

The case fatality rates for the city of Washington, reported for the eight years 1903 to 1910, inclusive (*Bull. Hyg. Lab.*, U. S. P. H. S., 78, October, 1911) were as follows: 1903, 12.98 per cent.; 1904, 14.01 per cent.; 1905, 12.94 per cent.; 1906, 14.4 per cent.; 1907, 12.0 per cent.

RADIUM IN ARTHRITIS DEFORMANS

To the Editor:—1. Can you refer me to literature on the use of radium in arthritis deformans?

2. Are any radium preparations given by hypodermic injection?

CHARLES J. FOOTE, M.D., New Haven, Conn.

ANSWER.—1. The following articles on the use of radium may be referred to:

Gudzent, F.: Radium Emanations in Treatment of Arthritis and Gout, *Berl. klin. Wchnschr.*, Nov. 20, 1911; abstr., THE JOURNAL, Dec. 23, 1911, p. 2111.

His, W.: Treatment of Gout and Rheumatism by Radium, *Brit. Med. Jour.*, Feb. 4, 1911; abstr., THE JOURNAL, March 4, 1911, p. 709.

His, W.: Radium in Gout and Rheumatism, *Berl. klin. Wchnschr.*, Jan. 30, 1911; abstr., THE JOURNAL, March 4, 1911, p. 782.

Kemen: Radium Therapy of Chronic Articular Rheumatism, Gout and Sciatica, *Petersburg med. Zischr.*, Feb. 28, 1912.

2. According to the article of Gudzent, solutions of radium salts are sometimes injected in the neighborhood of diseased joints; more commonly the preparation used is a solution of the radium emanation.

THE TRANSMISSION OF RECURRENT FEVER BY THE LOUSE

To the Editor:—I was much interested in your editorial in THE JOURNAL, May 24, p. 1647, on "The Transmission of Recurrent Fever by the Louse." Does this work invalidate that done by Dr. Robert Koch (*Berl. klin. Wchnschr.*, 1906, p. 183) on African recurrent fever and the tick *Ornithodorus moubata*?

M. D.

ANSWER.—There seems to be a distinct difference between the ordinary relapsing, or recurrent, fever and the African recurrent fever, on which the observations of Koch, referred to, were made. It is probable that the diseases are transmitted by different insects.

ALCOHOL INJECTIONS FOR TRIFACIAL NEURALGIA—NEOSALVARSAN

To the Editor:—1. Please give references, or information relative to the injection of alcohol for the cure of trifacial neuralgia.

2. What is the present status of neosalvarsan as a curative agent in syphilis? Is it considered safe when given intravenously?

J. M. J.

ANSWER.—1. A list of references to articles on this subject was published in THE JOURNAL, Sept. 21, 1912, p. 960.

2. Neosalvarsan is generally considered as equivalent to salvarsan in its effects.

Medical Economics

THIS DEPARTMENT EMBODIES THE SUBJECTS OF POST-GRADUATE WORK, CONTRACT PRACTICE, LEGISLATION, MEDICAL DEFENSE, AND OTHER MEDICOLEGAL AND ECONOMIC QUESTIONS OF INTEREST TO PHYSICIANS

A HANDFUL OF EDITORIALS

There is perhaps nothing which reflects the real sentiment of the public so accurately as the editorial columns of the daily newspaper. The advertising pages may be and often are influenced by financial considerations. In very few cases can the editorial utterance of a newspaper be bought. The views expressed stand for the personal opinion of the editor, expressed in a manner which will in his judgment meet the approval and support of a majority of the readers. From the editorial pages of any large number of newspapers, therefore, one can form a pretty accurate idea of the views of the average citizen.

To one who has been watching the campaign for better health legislation, there is no one fact more striking than the marked increase in public interest as shown by the increasing amount of space devoted to the discussion of health matters in the newspapers, and the growing demand for greater governmental activities for the prevention of disease. Of the many editorials on health topics, quotations from only a few of the more striking are possible.

The York (Pa.) *Daily*, in a lengthy editorial on the Panama Canal and its value as an object-lesson, says:

"Nowhere and never in the world's history has there been such triumph of men over the forces of Nature. This applies to disease-producing agencies as well as to mechanical conditions. Let the public not forget when they think of the Panama Canal that underlying the surface of this enormous governmental work is the minute and painstaking investigation in the recondite cause of disease, in the little laboratories where men are hidden from public observation and where they concern themselves with the study of disease germs and culture methods and the use of the microscope. And let them not forget also that the heroism displayed by those who have lost their lives in this sort of study is equal to any heroism displayed on the battle-field, or anywhere else. In fact it is superior to it, because it concerns men giving deliberately, from stern conviction of duty toward others, and it is devoid of the glamor and applause which come to men who are in the public eye. All praise, then, to the men who, like Dr. Walter Reed of the United States Army, and others, have sacrificed themselves in the attainment of knowledge, which is now the property of the world at large."

The New York *Sun* has long taken advanced ground on public health questions. Discussing "The Education of Our Physicians," the *Sun* says:

"The American Medical Association, which stands for all that is best and highest in every department of the physician's life work, is an organization the like of which does not exist elsewhere, combining the most scientific zeal in its membership with executive ability of the highest type in its management. We have recently referred to the Council on Pharmacy and Chemistry, which under its direction carries on an unrelenting warfare against quackery within and without the profession. While we are not always in accord with its policy in minor matters, the course of THE JOURNAL of the American Medical Association is commendable in the essentials."

After commenting on the work of the Council on Medical Education, the editorial continues:

"Medical legislation should recognize no sect or school and should demand the same knowledge of the principles and practice of medicine from all applicants for license. The examiners should be experts in their branch and be well paid, and not be chosen from the medical schools. When the average legislator can be induced to recognize the importance of health to his constituents the latter will be protected. Medical education is as important as sanitation."

In Pittsburgh, Pa., a systematic campaign against quackery has been going on. The Pittsburgh *Sun* recently commented on "Quacks and the Public." It said:

"The exposé and punishment of quack doctors now going on in this city should not be without a wholesome influence on the public, too. While in cases of desperate sickness it is natural to 'take chances' on anything offered for relief, still in many of the instances in which the people have been defrauded it has been their gullibility rather than their desperation that has led to their being victimized. They have taken the word of strangers in preference to that of the reputable doctors who have lived among them for years. They are also able to find the money to pay the quacks—the latter have no time to waste on them if they aren't—whereas the genuine physicians have repeatedly worked to relieve suffering and save lives with the full knowledge that they probably would never get a cent for it. The people should think too much of their lives and their health to entrust them to strangers or persons without proved reputations for knowledge, skill and honesty. Read and ponder: Who are performing the great operations and effecting the remarkable cures? The quacks? Of course not. Then why waste any time with a quack when you are sick?"

The *Sun* editorial has summed up the whole question. Who are the men who are making the advances in our knowledge of disease and its prevention? The "advertising specialist," the "patent-medicine" faker, the "new thought" devotee? If not, what claim have they on public confidence in time of need?

The South Fork (Pa.) *Record* is evidently not impressed with the arguments of the reactionaries. It devotes two columns to expressing its views. All of it is good, but only a part can be quoted. Under the title "The Family Doctor and the Medical Trust," the *Record* says:

"During the last week the Johnstown papers have given much space to attacks on the American Medical Association, or, as they are pleased to call it, 'the medical trust,' which have a tendency to mislead the public or at least make them forget for a time, usually a very short time, their good old 'family doctor.' It is said that the 'stuff' referred to has been running as paid advertising but it has not been marked as such and therefore one cannot be blamed for holding the opinion that it is printed as news or opinions of the various editors. Why they take such a stand is another matter. The charges contained in these articles are too absurd to repeat except that they intimate that all doctors affiliated with the American Medical Association are banded together to hoodwink suffering humanity. If such were the case this country would be in a sad state of affairs."

It would, indeed; but how passing strange that the dark and subtle method followed by the "medical trust" and its members to "hoodwink suffering humanity" is to encourage the growth of knowledge by which disease can be prevented and eliminated!

The *Record* is frank in acknowledging its point of view on "ethics." It continues:

"The charges deal also with 'ethics' and in this connection we will readily admit that we often get out of patience with the so-called 'code'; but that is because we are a seller of advertising which the ethics forbid the physicians to buy. In South Fork, however, the editorial policy is not controlled by the business office and whether it bankrupts us or not we feel it a duty to say a word in defense of that great man who sacrifices more money, more pleasure and more energy for mankind than any other—the family doctor."

After discussing the family doctor, the development of medical knowledge and the growth of specialists and special knowledge, the *Record* concludes:

"The American Medical Association is responsible for laws that make it hard for the incompetent to hang out their shingles. It is responsible for such laws as have been passed compelling the manufacture of pure food. It is responsible for the laws that prohibit the sale of medicines containing opium, alcohol or other harmful drugs without the contents being plainly stated on the label. It is responsible for many reforms along this line that have proved a boon to humanity, and that is why it is called the medical trust."

Book Notice

THE PRINCIPLES AND PRACTICE OF OBSTETRICS. By Joseph B. DeLee, A.M., M.D., Professor of Obstetrics at the Northwestern University Medical School, Chicago. Cloth. Price, $8 net. Pp. 1060, with 913 illustrations. Philadelphia: W. B. Saunders, 1913.

This new treatise, one of the most elaborate of text-books on obstetrics offered to the profession in recent years, is based on the author's "Notes." The needs of the general practitioner and of the student are constantly held in view, the direct relation of purely scientific subjects to daily practice being clearly emphasized. Again the practitioner requires considerable detail and abundant illustration, and this the author provides. The essentials are presented in large type, the less important matter in smaller type. Operative procedures are described briefly, but full explanation is set forth beneath the many illustrations depicting the operation in successive steps. Hence, in emergency, the reader may obtain a fair idea of the methods described from the pictures alone.

The author has borrowed from familiar plates with due acknowledgment. To Bumm in particular is gratitude expressed. The material for most of the drawings, however, came from the Lying-In Hospital service.

In the arrangement of the text, the conventional order is followed. The physiology of pregnancy, of labor and of the puerperium occupy the first three sections. The changes of menstruation and the development of the decidua and of the placenta are unusually well set forth. The mechanism of labor is covered in elaborate detail.

The child is first considered in the section devoted to hygiene and conduct of pregnancy and labor. The author says that the time has come for the practical application of eugenics. The influence of premature labor on skeletal and genital development, of bottle feeding on the general physical and mental growth and of the acute infectious diseases as factors in the subsequent organic deficiencies is emphasized, all with regard to rearing the infant girl from the point of view of her future pregnancy and labor. The author's instructions to his own patients during pregnancy and to the nurse are reproduced, as is his list of articles for the obstetric satchel. While strongly advising a properly equipped maternity hospital he gives adequate directions for the conduct of labor in the home. Here he requires the aid not only of the nurse but also of an assistant physician. "Every labor case should have two physicians. The duties of the assistant are first, to watch the fetal heart-tones so that if the child should show signs of exhaustion or asphyxia it be recognized in time and the frequency of stillbirths be thus diminished; second, to keep an accurate history of the labor; third, to care for the patient in the first stage while the accoucheur is attending to other work, or obtaining the rest he will need for the proper conduct of the second and third stages. . . . If obstetrics is ever to obtain the dignity of surgery—and it should—if the parturient woman is ever to enjoy the same benefit as the surgical patient — and she deserves them — the accoucheur must be given sufficient help and the makeshift policies of obstetric practice must be abolished."

In delivery, when lacerations seem inevitable, a deep episiotomy is practiced, wisely deep when used at all. A 1 per cent. solution of silver nitrate or a 25 per cent. argyrol solution is invariably employed in the eyes of the new-born, the author favoring universal legislation to enforce prevention of ophthalmia neonatorum.

The second half of the volume is given over to considerations of pathologic obstetrics. In the toxemias of pregnancy thorough search of the recent literature as well as close clinical observation is evident. In the treatment of eclampsia the author strongly favors prompt delivery when, indeed, he does not terminate pregnancy prematurely, the preeclamptic condition not yielding to treatment. Venesection is favored but is reserved until after delivery, as the loss of blood at birth may be sufficient.

In inevitable abortion tamponade of the cervix and vagina is advised, followed by curettage in all cases, often simply to gain assurance that no remnants are left. The same method is followed in incomplete abortion. On the other hand, in septic abortion, curettage is as strongly avoided, and only when hemorrhage renders it necessary is the tampon employed to empty the uterus. Only after septic symptoms have subsided are placental masses removed by the finger or ovum forceps.

In the treatment of placenta praevia by version emphasis is well placed on the point that extraction should not immediately follow. The rubber bag is used within the fetal sac and is preferred to the gauze or cotton tampon. Cesarean section in placenta praevia centralis will be rare, the author believes, if all proper conditions are met, such as pregnancy at or near term with mother and child both in good condition and the cervix closed or difficult to dilate, with adequate hospital facilities and an operator "capable of his task."

In a detailed discussion of the contracted pelvis, the clinical aspect is emphasized. In general, expectancy is repeatedly urged when operative procedures are under consideration, and throughout the author shows the influence of Schroeder and of the later Vienna school.

At times, by way of avoiding polemic discussion, a dogmatic attitude is observed. This characteristic is no better displayed than in the treatment of uterine rupture, in which the following occurs: "Under no circumstances may a woman threatened with rupture of the uterus be transported to a hospital." In treatment the author's experience leads him to favor drainage of the peritoneum and the tear, laparotomy being done only to meet special indications. In some cases the rupture may be repaired in whole or in part from below. The discussion of the pathology of the puerperium is given over to a thorough consideration of puerperal infection and to diseases of the breast. A careful general examination preceding all operations and a local one following is made an invariable rule. Preparatory operations comprise the various methods of opening the cervix and those of enlarging the bony pelvis. The incision for vaginal hysterectomy and the Doederlein method of performing hebosteotomy are described in minute detail. Contrary to the teaching of other obstetricians, infection is held to be a contra-indication of thus enlarging the bony pelvis. Indications and conditions for forceps extraction are well formulated, and this instrument is described as a rotator or a lever, simple traction being the dominant function. Laceration of the vagina and avulsion of the bladder are the things to be feared in rotation with the blades. Hence in deep transverse arrest the forceps are applied first obliquely to both head and pelvis. After rotation by traction is completed the case is left for spontaneous expulsion. In occipitoposterior positions the author prefers to extract as the head rotates spontaneously, either posteriorly or permitting anterior rotation if this occurs. The Scanzoni-Fritsch method he has seldom found preferable. His first choice here, as in face and brow presentation, is to attempt manually to change the position of the head, rotating from posterior to anterior or flexing the head, as the case may require. It would appear that he finds these maneuvers less difficult to perform than do many operators, even though rotation may require that the engaged head be almost totally disengaged. Again showing the influence of the Vienna school, the author is not an enthusiastic exponent of the axis-traction instrument. In his own hands he plainly prefers the simple Simpson forceps, considering axis-traction as not artistic and the Tarnier model as capable of great danger to both mother and babe. The place of inlet forceps extraction as a major operation and its dangers are well set forth. A brief chapter on the induction of premature labor and an appendix covering a few points in technic complete the volume.

From the student's point of view the subject-matter is well arranged and the frequent phrase "my own experience," shows the work to be as much one man's as it is a collaboration from the writings of many. Often a subject is concluded with a short concise summary, another feature that appeals strongly to the crowded student or the hurried practitioner. Lengthy bibiliographies have been avoided, but sufficient recent references are given to aid the reader in his deeper library research.

Medicolegal

Malpractice Liability Extended by Concealment

(Grocndal vs. Westrate (Mich.), 137 N. W. R. 87)

The Supreme Court of Michigan reverses a judgment for the defendant on a directed verdict in this action for malpractice where the point on which a verdict was instructed was that the right of action was barred by the statute of limitations. The court says that the statute in force at the time this cause of action arose provided that all actions for malpractice against physicians and surgeons should be commenced within two years after the cause of action accrued, but the plaintiff, in instituting her suit more than two years after the right of action accrued to her, relied on the provisions of section 9739 of the compiled laws of 1897, which reads: "If any person who is liable to any of the actions mentioned in this chapter shall fraudulently conceal the cause of such action from the knowledge of the person entitled thereto, the action may be commenced at any time within two years after the person who is entitled to bring the same shall discover that he has such cause of action, although such action would be otherwise barred by the provisions of this chapter."

The plaintiff, who was a heavy woman, had, on May 1, 1906, while at work in her home cleaning the stairs leading to the second story of the house, fallen from the top step and suffered a subglenoid dislocation of the left humerus. The defendant was called and attended her within about half an hour after the accident, and was informed how it occurred, but stated that the arm was not out of joint or broken; that it was just stretched and bruised, and he took no steps to reduce the dislocation, but simply bandaged the arm and treated it with liniment.

The case made by the plaintiff showed: First, the relation of physician and patient, which, of itself, begets confidence and reliance on the part of the patient. This relation had existed for a term of years, and during that time she had had no other physician. They were fellow countrymen, and conversed together in their native tongue. She was ignorant and unlearned, and relied on him and believed that he told her the truth. She maintained her trust in him until April, 1909. It was not a mere silence on the part of the defendant which was relied on. He repeatedly told the plaintiff that her arm was not broken or dislocated. Under the circumstances of the case the question of her diligence to discover her condition was one of fact, to be submitted to the jury.

Whether the defendant first knew of the dislocation of the plaintiff's shoulder when he was first called to attend her, or discovered it later, when it was too late to reduce it, was of no consequence.

Relation of Physician and Patient Existed and Question of Malpractice for Jury

(Coss vs. Spaulding (Utah), 126 Pac. R. 468)

The Supreme Court of Utah reverses, with directions to grant a new trial, a judgment rendered on a nonsuit granted on the defendant's motion. The court says that the evidence introduced by the plaintiff, a boy 12 years of age, tended to show that about 2:30 o'clock one afternoon he was run over by an automobile and the tibia of the right leg broken. The driver of the automobile took him home and told his mother that he thought his leg was broken, and offered to procure a physician. The mother replied that, on account of the nervous condition the plaintiff was in, she did not want a physician called just at that time. The driver gave the plaintiff's mother the telephone number of his employer, a Mr. Purdue, and requested her to call his employer whenever she wanted a physician, and that he would send her one. The plaintiff's mother testified that that evening her husband called up Mr. Purdue, who said he would send his physician. The next morning he brought the defendant, and she stepped up, and he said, "I am Mr. Purdue, and this is my physician, Dr. Spaulding." Dr. Spaulding examined the leg, and when she asked him if it was broken, he said, "No." He gave a prescription for liniment and said to get a mud poultice and put that on to get the soreness out, that the leg would be all right in a few days.

The defendant insisted that the evidence failed to show that the relation of physician and patient existed between him and the plaintiff. But the court is clearly of the opinion, from the evidence adduced, that the relation of physician and patient existed. The defendant not only called on and examined the plaintiff for the purpose of determining the character and extent of the injury, but after the examination was completed he prescribed for the plaintiff and gave directions to his mother, who was caring for and nursing him, regarding the treatment he should receive at her hands for the injury.

It was further contended that the plaintiff could not recover damages from the defendant because neither he nor any one authorized to act for him employed the defendant to perform the services in question. It was conceded, however, that the defendant was employed by Mr. Purdue, and that under the contract of employment he, on the occasion referred to, examined and prescribed for the plaintiff's injury. The defendant, therefore, was under the same legal obligation to the plaintiff to use ordinary care and skill in his examination and treatment of the injury as he would have been under if the plaintiff or the plaintiff's mother had employed him to perform those services. It was to recover damages for an alleged breach of this legal duty that this action was brought. The action, therefore, was not based on contract, as the argument of counsel for the defendant seemed to imply, but on tort. Under the great weight of authority, the question of whether the plaintiff, his guardian, or some third party employed the defendant to perform the services was wholly immaterial. Even though a physician or surgeon renders his services gratuitously, he cannot escape liability for his negligent or unskilful treatment of his patient.

The court is of the opinion, and so holds, that the question of whether the defendant used ordinary care and skill in his diagnosis and treatment of the plaintiff's injury should have been submitted to the jury.

Acceptance of Warrant for Part of Claim Precludes Recovery of Balance

(Paulson vs. Ward County (N. D.), 137 N. W. R. 486)

The Supreme Court of North Dakota holds that in this action, brought by a physician to recover a balance claimed to be due for professional services and supplies furnished by him for the support of the poor of the county, it was error to overrule a demurrer interposed on the ground that the complaint did not state facts sufficient to constitute a cause of action. The complaint recited the performance of services and the furnishing of supplies of the total reasonable value of $750, and that bills in due form of law, duly verified and approved by a commissioner of the board, were presented to the board of county commissioners of the county for their consideration, and, after mutilating the bills, the board allowed the plaintiff $265 only, wherefore he asked judgment for $750, less a credit of $265. If this action were between private parties the court would have no hesitancy in holding the demurrer not well taken, as it would not sufficiently appear that the partial payment received was under an agreement that the same should be in full for the claim and so constitute an accord. But where unliquidated claims against a county are duly presented to its board of county commissioners for allowance, and the claims are considered together and allowed at a lump sum less than the amount claimed and a warrant is drawn for the amount so allowed, which warrant is accepted by the claimant, such acceptance is presumed to be in full payment of the claims presented. The claimant cannot accept such a warrant and credit the amount thereof on the total of the claims presented, and then sue for the balance rejected. He must repudiate the allowance and submit his claim as a whole to the courts, or accept the warrant in full payment.

Society Proceedings

COMING MEETINGS

Maine Medical Association, Portland, July 2-3.
Washington State Medical Association, Everett, July 14.

AMERICAN SURGICAL ASSOCIATION

Annual Meeting held in Washington, D. C., May 6-8, 1913

(Concluded from page 2026)

Diagnosis and Treatment of Border-Line Pathologic Lesions

DR. JOSEPH C. BLOODGOOD, Baltimore: By border-line pathologic lesions are meant those in which it is difficult, clinically, or from the gross appearance, or from the frozen microscopic section, to come to a definite conclusion as to whether a lesion is benign or malignant. The earlier after the first symptom patients present themselves for treatment, the greater will be the number of cases in which the diagnosis will present difficulties; in this stage the prognosis after proper treatment is best. We have sufficient experience at present to allow us to formulate definite conclusions as to the proper method of diagnosis and treatment in this stage, in which the result should be the best. Incomplete removal of any malignant disease in its earliest stage gives much worse results than complete removal in a later stage. Incomplete removal of a distinctly benign lesion, with the exception of angioma, is always followed by the reformation of the tumor from the residues left behind, and the chances of malignant change in these residues are greater than in the undisturbed benign lesion; this fact also should be kept in mind.

The surgeon must have the easily available knowledge of the different pathologic processes which may occur in definite localities. He must be familiar with the methods of diagnosis of the lesion in this special region and the nature and extent of the operation which promises the best results. The diagnosis as to the proper treatment rests on, first, a careful study of all the available clinical evidence. In some cases this is sufficient to indicate the proper treatment without a gross or microscopic investigation. I think that this is true for palpable masses in the stomach and colon. The resection of such masses, without an investigation of their gross and microscopic pathology by cutting into them, yields the best results with the least mutilation and danger. If the pathologic examination after their removal shows a benign lesion, the patient is protected from the later development of cancer; if, on the other hand, it should prove to be malignant, the chances of a cure are best.

The next important question to answer is, What shall a surgeon do when in doubt after he has exhausted clinical, and gross and microscopic pathologic investigation? The answer to this question rests on the knowledge of the frequency of malignant disease in the different regions and the results of radical treatment. In the breast, the complete operation for cancer should always be performed for any lesion in a woman over 25 unless the benignity of the lesion is established. The complete operation should follow immediately on the exploratory incision. This conclusion is based on the fact that the mutilation of the complete operation is but slight, and the additional danger is little, if any, while the probabilities of a cure of the malignant tumor subjected to complete operation in this doubtful stage is 80 per cent. or more; if the operation is done in two stages the chances of a cure are reduced to almost nothing. In bone lesions the mutilation of amputation is so great and the chances of a cure of any doubtful lesion should it prove malignant are so slight that the most conservative operation should always be chosen. This is also true for doubtful lesions in the nasopharynx and antrum, on the alveolar border of the jaws, and in the body of the lower jaw.

If surgeons will carefully investigate these lesions clinically, scrutinize their gross appearance and look at the frozen sections, and keep a check on their results up to date, they will soon be in a position to meet the requirements of the diagnosis of these border-line pathologic lesions, inasmuch as immediate treatment based on this investigation will lead to a removal of the lesion, giving the patient the best opportunity of a cure with the least mutilation and danger. If the campaign for the education of the people on the early signs and symptoms of what is or may be cancer bears fruit, surgeons will be called on more and more to treat these lesions in a stage in which accurate diagnosis is more difficult and when the dangers of incomplete removal following an inaccurate diagnosis increase with the space of time between the first signs and symptoms of the disease and the date of treatment.

DISCUSSION

DR. JOHN B. MURPHY, Chicago: The final court of appeal in these cases is the clinical result and not the microscopic report.

DR. CHARLES H. MAYO, Rochester, Minn.: In border-line pathologic lesions in which an exploratory operation cannot immediately, if necessary, be followed by diagnosis from a frozen section, the wound, even though the condition be considered benign, should be packed with Harrington's solution No. 9 for several days until a microscopic report can be obtained. Do not close such a wound; leave it open and drain, and burn the lymphatics with hydrochloric acid.

DR. ARPAD G. GERSTER, New York: There is the possibility of tumors in the breast being either of tuberculous or syphilitic origin, therefore not requiring amputation. Involution mastitis based on gout, actinomycosis in the breast, and various systemic disorders may be accompanied by swellings in the breast, emphasizing the point that not all swellings in the breast are necessarily on their way to malignancy.

Exclusion of the Bladder; an Operation of Necessity and Expediency

DR. CHARLES H. MAYO, Rochester, Minn.: The best method of disposing of the secretion of the kidneys in patients in whom it is necessary or expedient to exclude the bladder, remains still one of the serious problems of surgery. To say, however, that the modern methods of operation in these cases expose the patient to greater danger from infection than is compensatory with the mitigation of his suffering, considering the natural mortality of the disease, is not consistent with the history of the patients or the records of the progress of surgery. The best theoretical and practical anastomoses of the ureter with the large bowel are those which permit the ureters to traverse some distance between the mucosa and outer wall of the bowel before penetrating its lumen, or are infolded by the wall of the bowel for a certain distance; also the method which transposes the base of the bladder to make it a part of the rectal wall. The control against regurgitation is due to its closure by compression in the wall of the bowel. In eight cases of cancer, transperitoneal resection of large areas of the bladder was done, with transplantation of the ureter to the opposite side. In three cases of cancer the bladder was completely removed. In four cases of exstrophy the ureter was transplanted to bowel. No deaths.

DISCUSSION

DR. FRANCIS S. WATSON, Boston: In one case I established a permanent renal fistula in the loin by nephrostomy sixteen years ago, doing the same operation on the opposite side nine years ago, and during these many years, with the exception of four months, the patient has been kept perfectly dry, free from odor, comfortable and in excellent health. I devised an apparatus for receiving the renal drainage. Nephrostomy is superior in results to ureterostomy. A drainage-tube inserted into the kidney should be carried just within the entrance of the calyx into the renal pelvis, and care should be taken to avoid having it press too hard against the wall of the renal pelvis lest it cause ulceration; this drainage-tube should be of large size, which might make it necessary to stretch or enlarge the mouth of the calyx where it joins the renal pelvis.

DR. HARRY M. SHERMAN, San Francisco: I wish to report the progress in a case in which I did the Petersen operation

for exstrophy of the bladder in a child aged 3 about twelve years ago. The patient has developed most satisfactorily. Five years ago he was operated on for inguinal hernia, and it was most interesting and instructive to find that even with the absence in this case of the pubic bone the anatomy of the hernia had still been preserved. At this operation I investigated the condition of the ureters in the rectum and found them in excellent condition and with no indication of an ascending infection.

DR. ROBERT G. LE CONTE, Philadelphia: Experimentation has shown that the extension of infection upward is not through the lumen of the ureter but by means of the lymphatics along the course of the ureter. The longer the anastomosis or the more ureter covered by intestine in implantation into the intestinal wall, the greater the liability to ascending infection.

DR. JOHN J. BUCHANAN, Pittsburgh, Pa.: We must consider the possibility of ascending infection being due to the fact that the cut end of the ureter is in reality the cut end of a mucous canal, which contracts, causing dilatation of the ureter and pelvis of the kidney, and thus predisposing to infection. I believe that before one can intelligently deal with this question, it will be necessary to learn what effect is produced on the patient by injection into the rectum of large quantities of the patient's urine prior to operation.

Current Medical Literature

AMERICAN

Titles marked with an asterisk (*) are abstracted below.

American Journal of Diseases of Children, Chicago

June, V, No. 6, pp. 425-500

1 *Infantile Cerebrocerebellar Diplegia, of Flaccid, Atonic-Astasic Type. L. P. Clark, New York.
2 *Papulonecrotic Tuberculides in Infants. B. M. Wronker, New York.
3 Pathogenesis of Casein Curds in Stools of Infants. A. F. Hess, New York.
4 Diagnostic Value of v. Pirquet Test. F. L. Wachenheim, New York.

1. Infantile Cerebrocerebellar Diplegia.—Clark summarizes his paper as follows:

We have here under consideration an extreme defect disease of the cerebro-cerebellar function with relationship to bodily movements, of an unknown pathogenesis (probably based largely if not solely on a developmental defect) which is for the most part intrauterine in origin and which we find expressed in clinical manifestations of atonia, astasia, hypotonia, mutism and idiocy. We believe it constitutes a distinct type of palsy of infancy. The disorder not only affects isolated movements, but particularly the association of movements or the motor synerges so-called. The movements by themselves as shown in the type are not incoordinated as in tabetics, but are characterized by dysmetria and discontinuity. Whenever the child's movements relate to the maintenance of an attitude, especially in sitting or standing, there is instability, wavering from side to side, or astasia. The children show great disturbance of the reactions to equilibration, due to the fact that the defective cerebellum fails to effect and hasten the reestablishment of equilibrium, much the same way as it fails to make isolated movements precise and regular. Again, the defective cerebellum fails to apportion the measure and the continuity of movement. There is instability and imperfect reactions to equilibration by a special tonic action. This latter function is co-governed by the cerebrum and to some degree by peripheral stimulation. The defect in cerebellar function shown in hypotonia is not compensated for by a diseased cerebrum. The latter organ being unable to substitute or take up the cerebellar function there results a persistent dominance of hypotonus throughout the life-picture of this type, the suppression of the cerebellar functions in the condition or disease under study does not produce a palsy *per se* as ordinarily understood. Motility of the limb remains. It is never abolished entirely, as some movements or attempts at equilibration probably remain because some degree of substitutional power of the cerebrum is still possible; the greater part of its loss, however, is largely in evidence in this unique disease.

2. Papulonecrotic Tuberculides in Infants.—In nine cases of infantile tuberculosis, the diagnosis was first made by Wronker by the finding of papulonecrotic tuberculides. These skin lesions are absolutely characteristic, and when once seen are not easily confused with other conditions. They are of extreme diagnostic importance, especially in infancy when the clinical diagnosis of tuberculosis is notoriously uncertain. The majority of cases in infants are indicative of general miliary tuberculosis. The prognosis is generally bad, but not always fatal. The von Pirquet reaction is a great aid in clinching the diagnosis. A negative reaction, however, must not be allowed to mislead one in the presence of papulonecrotic tuberculides.

Canadian Medical Association Journal, Toronto

June, III, No. 6, pp. 451-546

5 *Puncture of Corpus Callosum. E. Archibald, Montreal.
6 Recent Work on Accessory Factors in Nutrition. H. S. Raper, Toronto.
7 Tuberculosis of Genito-Urinary System from General Practitioner's Standpoint. W. Hutchinson, Montreal.

5. Puncture of Corpus Callosum.—Archibald believes in obstructive hydrocephalus of high grade in the infant; (two cases) callosal puncture proved temporarily of slight benefit, but ultimately failed to relieve the condition.

Journal-Lancet, Minneapolis

June 1, XXXIII, No. 11, pp. 361-426

8 Etiologic Relationship between Ulcer and Cancer of Stomach. G. D. Head, Minneapolis.
9 Limitations and Possibilities of Roentgenoscopy. G. Earl, St. Paul.
10 Refinements of Diagnosis Possible in General Practice. J. P. Schneider, Green Isle, Minn.
11 Case of Intestinal Obstruction by Gall-Stone. G. Schwyzer, Minneapolis.
12 Surgery in Country Hospitals. L. Sogge, Windom, Minn.

Journal of Experimental Medicine, New York

June, XVII, No. 6, pp. 593-688

13 *Hematogenous and Obstructive Icterus. G. H. Whipple and C. W. Hooper, Baltimore.
14 *Icterus. G. H. Whipple and C. W. Hooper, Baltimore.
15 Morphologic Studies in Experimental Cretinism. A. L. Tatum.
16 Behavior of Saprophytic Cocci with Regard to Gram's Stain. I. J. Kligler, New York.
17 *Studies on Experimental Pneumonia in Rabbits. M. C. Winternitz and A. D. Hirschfelder, Baltimore.
18 Idem. A. D. Hirschfelder and M. C. Winternitz, Baltimore.
19 Components of Sphingomyelin. P. A. Levene, New York.

13. Hematogenous and Obstructive Icterus.—The results of the authors' experiments showed that normal and Eck fistula dogs react in a similar manner to the intravenous injection of hemoglobin obtained from laked red cells of the same animal. Hemoglobin appears in the urine after a few minutes and bile pigments in one to one and one-half hours. In this simple type of hematogenous jaundice the reaction is in no way influenced by shutting out the portal blood from the liver and cutting down its blood-supply to about 25 per cent. of normal. In a second type of hematogenous jaundice produced by chloroform anesthesia, which produces central liver necrosis, there is no essential difference between the normal and Eck fistula dog. The Eck fistula dog, as a rule, is more resistant to this poison, but, given a definite liver necrosis, the jaundice developing will reach its maximum on the second day as in the normal animal. This jaundice must be explained in part by capillary biliary obstruction, but in part by a hemolysin formed in the injured liver cells (Joannovics and Pick).

Simple obstruction of the common duct when combined with an Eck fistula gives rise to a definite low grade icterus with bile pigment constantly present in the urine. Under these conditions after doubly ligating and cutting the common duct with separation of the cut ends, the lumen of the duct may be established and bile may enter the intestine by means of a fistulous tract between the cut ends of the bile duct. The formation of bile and bile pigments is much less in an Eck fistula dog than in a normal animal and consequently the icterus is much less intense. This is probably due to a lessened activity of the liver cells because of decreased blood-supply. This observation does not harmonize with the current view that bile pigments are formed solely from hemoglobin, as there is no evidence of more hemolysis in a normal than in an Eck fistula dog. This suggests to the authors that the bile pigment may be formed in part, at least, from other substances than hemoglobin, and further, that bile pigment formation normally may depend in part on the functional activity of the liver cell rather than on the amount of hemoglobin supplied to it.

14. **Icterus.**—The object of this paper is to submit evidence that hemoglobin can be transformed into bile pigment in the circulation when the liver has been excluded from participation in the reaction. The authors summarize their work as follows:

The intravenous injection of red cells obtained from the same animal and laked by distilled water is similar to certain types of hemolysis which result in hematogenous jaundice. This procedure cannot be criticized on the grounds of introducing toxic substances. The hemoglobin circulating in the blood-stream is rapidly changed, in part at least, to bile pigment. The change goes on with practically the same rapidity in a normal circulation, in an Eck fistula animal, and in a dog with Eck fistula and hepatic artery ligation. Moreover, the bile pigment formation goes on in a dog whose liver, spleen and intestines have been shut out of the circulation, and in those with a head and thorax circulation. In the last experiments there had been no operative manipulation of the liver and the bile pigment could not have escaped from the liver and have been absorbed by the circulation above the diaphragm; for example, by the thoracic duct. It is possible that the endothelium of the blood-vessels is the agent which brings about the rapid change of hemoglobin free in the plasma.

The authors conclude that in dogs, at least, hemoglobin can be rapidly changed into bile pigment in the circulating blood without participation of the liver.

17. **Experimental Cretinism.**—Several members of litters of very young rabbits, from two to three weeks old, weighing from 150 to 250 gm. each, were thyroidectomized by Tatum, while at least two members of each litter were kept for controls. In summarizing his findings Tatum says that degenerative changes were noted in practically every parenchymatous organ. Among these the most striking has been that of serous inhibition by the most active cells of these organs. In regard to the changes in the glands of internal secretion, the findings corroborate the statements of Cushing in regard to hypophysectomy, that removal of one gland of internal secretion results in changes in all the other glands. In this case, degenerative changes predominate in the hypophysis, thymus, ovary and testis, while hyperplasia is seen in the islands of Langerhans and the medullas of the adrenal glands. Finally, in the rabbit athyroidism is responsible for grave degenerative changes in practically all organs and tissues of the body, and many of the symptoms of cretinism have an anatomic basis in organic cellular changes.

Journal of Outdoor Life, New York

June, X, No. 6, pp. 160-188

20 Moderation. N. B. Burns, North Reading, Mass.
21 Care of Far Advanced Consumptive. E. A. Gray, Chicago.

Mississippi Medical Monthly, Vicksburg

June, XVIII, No. 2, pp. 25-43

22 Plea for Feebleminded Children. J. H. Fox, Asylum.
23 Accident Neurosis; with Report of Case. G. S. Bryan, Amory.
24 Cesarean Section. H. R. Shands, Jackson.

New York State Journal of Medicine, New York

May, XIII, No. 5, pp. 235-296

25 *Certain Elementary Concepts in Education Applied to Medicine. J. G. Adami, Montreal.
26 *Prevention and Cure of Cancer. P. Syms, New York.
27 Relation of Special to General Medicine. S. Voorhees, Elmira.
28 Duty of Physician in Education. H. A. Eastman, Jamestown.
29 *Prognosis in Infantile Paralysis. W. R. Townsend, New York.
30 Abnormal Temperatures. M. Cavana, Sylvan Beach.

25. **Elementary Concepts in Education.**—Adami advocates the appointment of a federal medical council, subsidized by the government at Washington, and formed of representatives from all the states, a council which should appoint well-known leaders of the profession to act as committees or assessors, to visit, report on and make recommendations regarding the efficiency and deficiencies of the individual medical schools of this continent, the expenses of such inquisitions to be met by the schools visited. Let each state continue to control and direct its own educational methods. Let the Federal assessors test the results, making sure that they reach the desired standard of quality. If this be asking too much at the present moment, at least the state might take action, might appoint committees of inquisition to inquire and report on the quality of the instruction afforded and the examinations of the schools within its boundaries, and might accept the graduates of those schools without the present farce of an examination which does not educe the capacity of the examinee.

26. **Prevention and Cure of Cancer.**—If it is true that 50 per cent. of cancers show a definite and easily recognized precancerous stage, and if it is true that there are 80,000 deaths from cancer in the United States annually, then, Syms says, the remedy of the precancerous state, and the prevention of cancer will save 40,000 of our citizens annually from this terrible scourge.

29. Abstracted in THE JOURNAL May 17, p. 1575.

Michigan State Medical Society Journal, Grand Rapids

June, XII, No. 6, pp. 367-354

31 Floating Cartilage in Knee-Joint. C. D. Brooks, Detroit.
32 Cataract Operation. J. G. Huizinga, Grand Rapids.
33 Legal Aspects Pertaining to Medical Profession. H. V. Barbour, Detroit.
34 Report on One of Dr. Friedmann's New York Clinics. N. M. Kassabian, Coopersville.
35 Tetanus. A. F. Kingsley, Battle Creek.

FOREIGN

Titles marked with an asterisk (*) are abstracted below. Single case reports and trials of new drugs are usually omitted.

British Medical Journal, London

May 31, I, No. 2735, pp. 1145-1192

1 Trend of Thought in Recent Pharmacologic Research. W. Whitla.
2 *Further Experience of Cardiac Sign in Cancer. W. Gordon.
3 Lipodystrophia Progressiva. F. P. Weber.
4 Chronic Pneumococcal Infection of Lungs in Children. P. L. Sutherland and A. A. Jubb.
5 Treatment of Adenoids and Enlarged Tonsils without Operation. W. Steuart.
6 Cause of Enlarged Tonsils and Adenoids in Children and Their Treatment with Lymph-Node Extract. H. T. Ashby.
7 Iodin as Antiseptic in Tropical Countries. J. C. Ridgway.
8 Bionomics of Rat-Flea. C. Strickland.

2. **Cardiac Sign in Cancer.**—The cardiac sign in cancer first described by Gordon nine years ago consists of a remarkable diminution of the cardiac dulness in the recumbent posture as determined by digital percussion. In that posture the dulness, in the normal adult, begins above about the third costal cartilage, reaches rightward as nearly as possible to the mid-sternal line, and measures across about 3 to 3½ inches at the level of the fifth costal cartilage. On the other hand, in the cancer patient who presents the sign the cardiac dulness in recumbency begins above about the fourth or fifth costal cartilage, has its right margin ½ inch or 1 inch to the left of the mid-sternal line, and measures across less than 2 inches at the level of the fifth costal cartilage. Often it measures less than 1 inch across. Sometimes there is no cardiac dulness at all.

Gordon explains the sign in three different ways: 1. In some cases of cancer the heart is small, and this reduction in size has been said to account for the reduction of the dulness. It may sometimes partly explain it; but by no means always; for often the dulness, though very small in the recumbent position, is normally or even abnormally broad in the erect. 2. If the loss of elasticity, so common in the skin in cases of cancer, affects the lung as well, it is conceivable that ordinary respiration may induce a sort of spurious emphysema and thus diminish the dulness. It is now known that a peculiar form of emphysema does often occur in cancer—Fenwick found it in 28 per cent. of his cases of gastric cancer—and no doubt in many cases this helps to produce the sign. 3. The cardiac sign is often associated with a remarkably soft and toneless pulse, and with very feeble heart sounds. If we suppose that the first is due to a deficiency of blood—such as the anemia so often present suggests—and that the second shows a flabbiness of the heart muscle comparable to the flabbiness of the skeletal muscles so often recognizable in such patients, it is not difficult to imagine

what a flabby and imperfectly filled heart, more than a normal heart, would do. And this is just what actually seems to occur. For the disparity between the heart dulness in the erect and recumbent positions in cancer is usually much greater than that observed either in health or in other diseases. Gordon has found, for instance, a heart dulness in a case of cancer measuring 5 inches across in the erect position, drop to 1½ inches across when the recumbent posture was assumed. Where the heart is considerably displaced upward by abdominal distention, Gordon has found the sign unreliable. Here clearly the organ is pushed from a wider into a narrower space, where it cannot so easily drop away on recumbency from the anterior chest wall. Again, where a large esophageal cancer has lain just behind the heart the sign has been absent, and Gordon thought that this might be explained by the growth pinning the organ forward against the sternum and rib cartilages.

In 1908, from a study of 103 cases, into all of which a suspicion of cancer had entered, Gordon obtained the following figures: Of thirty-eight cases in which a presumable cancer was naturally accessible to direct observation or was examined at operation or post-mortem, 89 per cent. showed it. Of forty-six cases, on the other hand, which could not be supposed to have been cancerous, it was only found present in 24 per cent. His further experience bears out this contrast. During the last four years he has collected 107 cases, either cancerous, simulating cancer, or accompanied by loss of flesh. They indicate that whereas in cancer the sign is present in an overwhelming majority, in non-cancerous cases it is even rarer than his former figures suggested. Thus, of thirty-six cases which appear undoubtedly to have been cancerous, 83 per cent. showed the sign, whereas of seventy-one cases which cannot be supposed to have been cancerous, only 8 per cent. showed it. Putting together this series and that of 1908, we obtain ninety-three cancerous cases showing the sign in nearly 87 per cent., and 117 non-cancerous cases showing it in only 14 per cent.; or, considering the results in another way, of ninety-eight cases showing the cardiac sign, 82 per cent. were cancerous, and of 112 cases not showing this sign 88 per cent. were non-cancerous.

Lancet, London

May 31, I, No. 4683, pp. 1567-1574

9 Trend of Thought in Recent Pharmacologic Research. W. Whitla.
10 Electric Action of Human Heart. A. D. Waller.
11 *Primary Epithelioma of Nipple in Girl Aged Eleven. W. H. Battle and B. C. Maybury.
12 Analysis of Nystagmus. A. Abrahams.
13 *Case of "Idiopathic" Cerebral Abscess. J. Henderson.
14 *Bacillus of Unusual Kind (Proteus Group) Isolated from Case of Septicemia. J. A. B. Hicks.
15 Case of Colocynth Poisoning. R. B. Roe.

11. **Epithelioma of Nipple.**—A girl aged 11, was admitted to the hospital June 8, 1910, with a ten weeks' history of attacks of pain in the left nipple. Shortly after the commencement of the pain the nipple was found to be somewhat larger than that on the other side. Treatment consisting of hot fomentations was carried out in the out-patient department four weeks previous to admission; on one occasion the nipple was incised but no pus was found. On admission the left nipple was found to be enlarged about the size of a small hazel-nut. Superficially the tumor consisted of a layer of horny material, covering the deeper portion which was of softer consistency. There was no infiltration of the subcutaneous tissues, and the tumor was not adherent to the deeper structures. Pain of a stabbing character was produced on palpating the tumor. No enlarged lymph-nodes were felt in the axilla.

The first operation was performed June 17. The tumor together with the subcutaneous tissues down to the pectoralis major, was removed, by two elliptic incisions made above and below the nipple and half an inch away from it. Bleeding points were ligatured with catgut, and the wound was closed with salmon-gut. The report from the clinical laboratory was "squamous-celled carcinoma."

The patient was readmitted six weeks later with a soft, painless, polypoid excrescence of about the size of the original nipple growing in the scar. One lymph-node was felt enlarged in the axilla under cover of the pectoralis major. July 22, the second operation was performed. Two elliptic incisions were made giving the scar a wide berth, and the granulation growth, axillary glands and sternal portion of the pectoralis major were removed. The report of the clinical laboratory was: "The scar shows chronic inflammation with giant cells around ligatures. Nodes normal." There is at present no evidence of recurrence.

13. **"Idiopathic" Cerebral Abscess.**—Henderson's patient, a schoolboy aged 13, awoke one morning complaining of severe headache. A few minutes later he had a convulsive seizure, the face becoming cyanosed and the limbs being violently jerked about. This convulsion lasted about thirty minutes, and was followed at intervals during that day by seven others of a similar nature. Next morning there was a further convulsion. On the next day he seemed to be perfectly well, and an examination of the cerebrospinal fluid, obtained by lumbar puncture, was quite negative. He remained well for a month, when he had an attack of sickness and vomiting, but thereafter he presented no symptoms of illness, and was dismissed well four weeks later. There was during his residence no return of the convulsions and no complaint of headache. After the patient's return home he was perfectly well for a few weeks, but then the headache began to reassert itself. It recurred at intervals of about a week, with varying severity, until the beginning of October, when the pain became almost constant and always frontal in distribution. It was usually felt on rising in the morning, then diminishing after an hour or two, only to return with increasesd severity later. Often it was much less severe, or almost absent in the evening. Along with the constant headache he exhibited great restlessness and sleeplessness.

After October 3 (six months after onset of the original trouble) he again became sick and vomited, and until admission to hospital the sickness was rarely absent. Fits of vomiting, without definite food relation, occurred three or four times daily, the vomitus being described by the boy's mother as "just like bile." Four days before admission he had a convulsive seizure, the limbs being very rigid and the eyes rolling about. This only lasted a few minutes, and was not repeated. There was no history of injury to the head at any time, ear trouble, or other septic process. Family history negative. The boy died nineteen days later.

On opening the head the dura mater appeared to be tightly stretched, and the surface of the brain was dry, anemic and flattened. In the left lower parietal region there was a large thin-walled cyst, causing a considerable external bulging. This proved to be a large abscess about 3 inches in diameter. The convolutions affected were most probably the gyrus supramarginalis in its whole extent, and the posterior central, angular and superior temporal toward the margin of the abscess. This abscess extended inward about the level of the corpus callosum, and had burst into the ventricles. Pus was also escaping around the crura cerebri, and there was at the base an early acute meningitis, extending right down the spinal cord. There was no spreading above the tentorium cerebelli or along the Sylvian fissures. The middle ears were examined and proved to be quite healthy. Nothing noteworthy was found elsewhere, all the internal organs, both of chest and abdomen, being quite healthy. This case is placed on record for several reasons. The symptoms and course of the disease were not at all typical or characteristic, and the absence of any assignable cause during life, with the failure to discover a cause on post-mortem examination, rendered a correct diagnosis extremely difficult, if not quite impossible. In such cases, with no evidence of the origin of infection, Henderson says, a diagnosis of abscess must always be absolutely uncertain.

14. **Unusual Bacillus in Septicemia.**—The bacillus described by Hicks, he states, belongs to that group of bacteria known as the "proteus group," its growth in media with production

of a foul odor, its liquefaction of gelatin and milk clot being the features relegating it to this group. It is pathogenic to the guinea-pig and in the case recorded to a human being. It is this latter fact that has led Hicks to consider this case worthy of record, for here is an organism which belongs to the group of saprophytic organisms causing a true septicemia such as is usually associated with the parasitic bacteria. Lastly, it is probably a new species, its nearest ally being a member of the group described by Houser.

Presse Médicale, Paris

May 15, XXI, No. 40, pp. 397-404

16 Tuberculous Peritonitis without Effusion. (La forme anascitique de la péritonite tuberculeuse.) P. F. Armand-Delille.
17 *Spinalis Muscle Sign of Pleurisy. (Le signe des spinaux.) F. Ramond.

May 17, No. 41, pp. 405-416

18 Disturbance from Dilatation of Cecum and Inflammation around Ascending Colon. P. Alglave.

May 21, No. 42, pp. 417-424

19 *Differentiation of Pleuritic Effusion. (L'hydrothorax bacillifère.) M. Villaret and P. Descomps.
20 Amino-Acids as Culture Medium for Bacteria. R. Dallmier and E. Lancereaux.
21 Sodium Salts in Treatment of Melancholia. (Des injections associées, d'iodure de sodium et de cacodylate de soude en particulier dans les états mélancoliques.) J. Champion.

17. **The Spinalis Muscle Sign.**—Ramond regards this sign of pleurisy as analogous to the rigidity of the abdominal walls in case of trouble below. There is a reflex contraction of the spinalis muscle tending to immobilize the diseased thorax and pleura. As the patient stands perfectly straight, in case of pleurisy, the contracted spinalis muscle forms a prominent mass, hard and larger than the normal outline of the muscle. This occurs, of course, in other conditions, but these can be easily excluded when examining for pleurisy. The spinalis muscles are liable to be unusually developed in porters or in case of much lordosis and the sign may accompany kidney and liver disease, peritonitis, etc. These conditions, however, can generally be excluded when it is a question of pleurisy. The spinalis sign is extremely useful for revealing pleurisy in its incipient stage; it may persist for weeks or months after recovery.

19. **Tuberculous Hydrothorax.**—Villaret and Descomps call attention to the diagnostic importance of various simple chemical reactions which may be obtained in the effusion found with pleurisy even when it may seem to be an ordinary hydrothorax. Microscopic examination apparently confirms its merely mechanical origin as it shows the manifest predominance of endothelial cells, but inoculation of guinea-pigs may reveal a tuberculous origin. They report a case of this kind in which a man of 35 had a pleural effusion but there was no lymphocytosis in the effusion and the other features suggested ordinary hydrothorax. The Rivalta and Gangi tests and the collargol precipitating reaction showed on three occasions that the infusion was of inflammatory nature and thus enabled a correct diagnosis long before inoculation of animals gave positive results. The Rivalta reaction is the formation of a little cloud like a puff of cigarette smoke when some of the effusion is added to 50 c.c. of distilled water containing 1 drop of acetic acid. The fluid remains limpid in case of a transudation. The Gangi reaction is the double disk which forms when some of the effusion is poured on hydrochloric acid. A white ring forms at the zone of contact with a transudate, but with an inflammatory effusion there is a second disk above, and sometimes a violet stain.

Semaine Médicale, Paris

May 28, XXXIII, No. 22, pp. 253-264

22 Causes of Intermittency in Stuttering. (De l'intermittence dans le bégaiement.) Chervin.

Berliner klinische Wochenschrift

May 19, L, No. 20, pp. 906-952

23 Inflammatory Tumors on Omentum. (Ueber circumscripte entzündliche Tumorbildung in der Bauchhöhle, ausgehend vom Netz.) V. Schmieden.
24 *Posterior Rhinitis in Infants. (Die Rhinitis posterior im Säuglingsalter.) F. Göppert.
25 Recurrent Paralysis with Mitral Stenosis; Four Cases. Mediastinitis Probably Responsible. (Zur Frage des Zustandekommens linkseitiger Recurrenslähmung bei Mitralstenose.) H. Dorendorf.
26 Chemistry of the Cell. III. (Die sauren Kerne.) P. G. Unna and E. Wolf.
27 *Action of Epinephrin on Coronary Circulation. (Zur Frage der Adrenalinwirkung auf den Coronarkreislauf.) F. Meyer.
28 The Question of Reinfection with Syphilis. H. Löhe.
29 *Access to Lacrymal Sac Through Nose. (100 Fällen von Dakryostenose.) J. M. West.

24. **Seriousness of Rhinitis in Infants.**—Göppert emphasizes the clinical importance of coryza in infants as is becoming recognized more and more. We know now that the infant's "cold" is often the main cause for so-called parenteral diarrhea and that dyspeptic disturbances are frequently the result of the toxic influences from coryza infection. He relates a recent experience in which all the ten infants in his service contracted coryza within two weeks; only a few developed bronchial catarrh but nearly all had more or less diarrhea and lost rapidly in weight, some to a considerable extent. The coryza often locates in the back of the nose and it may obstruct the passages permanently, the children suffering from impeded breathing as with adenoids, retarding their development for months or even years, and liable to entail secondarily serous meningitis and pressure on the brain. He gives an illustration of one infant to show the typical aspect with this obstructive posterior rhinitis. The nostrils are wide, the nose apparently clear and sound, the expression a little anxious, the upper part of the face inclined to puffiness, and the chest short and narrow, the abdomen abnormally long in proportion. There is generally more or less meteorism, probably exaggerated by the child's swallowing air. There is also a tendency to frequent recurrence and exacerbation of the rhinitis. As the child grows and the skull becomes larger, the passages become permeable.

27. **Action of Epinephrin on the Coronary Vessels.**—Meyer's ingenious experimental work on dogs and cats has confirmed the assumption that epinephrin dilates the coronary vessels and accelerates and increases the circulation through them.

29. **Operations for Suppuration in Lacrymal Sac.**—West thinks the proper way to treat this is by cutting off a little chip from the nasal process of the superior maxillary bone and from the lacrymal bone, working through the nose, until the lacrymal sac at the side wall of the nose is exposed. Then the side of the sac toward the nose is cut away. By this means ample communication is provided by the natural routes between the eye and the nose, above the inferior turbinate bone which is left intact. He has performed this conservative operation for dacryostenosis in over a hundred cases and in 90 per cent. of the cases the suppuration promptly healed, the normal course for the tears was restored, and this with nothing to induce disfigurement.

Deutsche medizinische Wochenschrift, Berlin

May 15, XXXIX, No. 20, pp. 921-976

30 The Pathology and Treatment of Degenerates. A. H. Hübner.
31 Serodiagnosis of Cancer. (Zur Frage der serologischen Karzinomdiagnostik. II. Die Meiostagminreaktion.) M. Rosenberg.
32 *Vaccination against Diphtheria. (Zur Prophylaxe und Therapie der Diphtheria.) E. Schreiber.
33 *Serotherapy of Pregnancy Dermatitis. (Zur Schwangerschaftsserumtherapie der Schwangerschaftstoxikosen.) W. Rübsamen.
34 Technic for Removal of Cancer of Upper Jaw. (Die erweiterte Operation der malignen Oberkiefertumoren.) F. Kuhn.
35 *Operations on Nose in Treatment of Headache. (Nasenoperationen zur Beseitigung von Kopfschmerzen.) Frõse.
36 *General Asthenia and Diabetes. (Asthenische Konstitutionskrankheit und Diabetes mellitus.) G. Graul.
37 Treatment of Sexual Impotency. (Die physikalische Therapie der sexuellen Impotenz.) E. Tobias.
38 Incarcerated Appendix-Hernia. (Beitrag zur Aetiologie der Appendicitis.) A. Sasse.

32. **Vaccination against Diphtheria.**—Schreiber's experiences were some of those on which Behring based his announcement in regard to the efficacy of his method of immunizing against diphtheria. (See Berlin Letter, p. 1896.) Schreiber says that the conflicting experiences in regard to the immunity con-

ferred by one attack of diphtheria are explained by the large amounts of antitoxins found in the blood of some persons while others have little or none. It will be interesting to determine in future research the connection between large proportions of antitoxins in the blood after diphtheria and the freedom of such persons from new attacks of the disease later. Behring's method of vaccination does not induce active immunization until twenty-one days after the first injection. It is possible, Schreiber remarks, that it might be advisable to inject antitoxin while the vaccination is under way. Matthes' experience in one clinical case seems to indicate that the combination of the two methods did not detract from the specific action of either. Schreiber reports parenthetically the case of a robust woman of 23 who had a severe typical attack of anaphylactic phenomena on injection of diphtheria antitoxin fourteen years after she had been treated with antitoxin during an attack of diphtheria. He knows of no case on record in which such severe and protracted disturbances were observed after such a long interval.

33. **Serotherapy of Pregnancy Dermatitis.**—Rübsamen once reported a case in which serotherapy had no effect on a pregnancy hemorrhagic dermatitis, but in two more recent cases the effect was surprisingly beneficial. The serum injected was from healthy parturients and the cure was prompt and permanent.

35. **Operations on the Nose to Cure Headache.**—Fröse reviews his experiences in ten cases to show the remarkable benefit that may follow operations on the nose when conditions induce congestion or pressure, entailing neuralgia or headache. In one man a projecting ledge on the septum had induced a reflex heart neurosis, with palpitations and dropped beats—cured by excision of the protuberance. Koblanck reported nine similar cases—all in medical men—four years ago, and has encountered a similar case since, all responding with a complete cure to operative measures restoring normal permeability to the nose. Only one of Fröse's ten patients had a little nausea and fever after these operations on the nose for headache, and this one patient had refused to obey the directions to keep the head up. He gives minute instructions for the technic for such operations: cocain spray has proved useful in some cases. He insists that submucous resection of the septum far up and back is not the dangerous operation some think. It is possible in this way, without sacrificing important parts of the nose, to remedy conditions which have induced for years headache and neuralgia, especially pain from pressure on the branches of the anterior ethmoidal nerve from the abnormal shape of the septum. The fear of operative meningitis has deterred many from attempting this useful little operation, and Fröse's communication aims to dispel this fear.

36. **Constitutional Asthenia and Diabetes.** — Graul has encountered cases of Stiller's universal asthenia in which there seemed to be insufficient functioning of the autonomic nervous system, while in others this autonomic system seemed to be in a state of exaggerated functioning. The latter condition seems to have a favorable influence on existing diabetes of purely nervous origin.

Medizinische Klinik, Berlin

May 11, IX, No. 19, pp. 735-776

39 Delivery with Narrow Pelvis. (Geburt bei engem Becken.) A. Dührssen.
40 The Criminal Insane. (Geisteskranke Verbrecher.) Ziemke.
41 Influence of Diathermia on the Temperature. (Einfluss der Diathermie auf die Körper- und Gewebetemperatur des Menschen.) A. Fürstenberg.
42 Spontaneous Pneumothorax after Induced Pneumothorax. J. Hornung.
43 Necessity for Special Institutions for Treatment and Care of Bone and Joint Tuberculosis. (Behandlung der chirurgischen Tuberkulose in Spezialheilanstalten.) O. Vulpius.
44 Overestimation of Radio-Activity as the Potent Element in Mineral Waters. E. H. Kisch.
45 Action on the Blood Supply of the Brain by Heat Stimuli Applied to the Skin. J. Strasburger.
46 Hot Foot Bath in Differentiation and Treatment of Sprains. (Das heisse Bad bei Verstauchungen.) Kantorowicz.

Münchener medizinische Wochenschrift

May 13, LX, No. 19, pp. 1017-1072

47 *Comparison of Temperature in Rectum and Axilla. (Vergleichende Temperaturmessungen.) C. Stäubli. Concluded in No. 20.
48 Gall-Stone Obstruction of Common Bile Duct. (Indikationsstellung beim akuten Steinverschluss des Ductus choledochus nebst statistischen und technischen Bemerkungen.) L. Heidenhain.
49 *Intravenous Drop Infusion. (Ueber intravenöse Dauerinfusion.) M. Friedmann.
50 Improved Technic for Cultivation of Diphtheria Bacilli. (Verwendbarkeit der Conradi-Trochschen Tellurplatte zum Diphtherienachweis.) Klunker.
51 Volitional Contraction of the Tensor Tympani; Two Cases. E. Mangold.
52 *Epidemic Poliomyelitis. (Erkrankung von Geschwistern an Heine-Medinscher Krankheit.) Trumpp.
53 Physiology and Pathology of the Digestive Tract. (Experimentellradiologische Studien zur Physiologie und Pathologie des Verdauungstraktes.) R. Lenk and F. Eisler.
54 Efficacy of Chondrotomy for Emphysema. (Zur Freundschen Emphysemoperation.) F. Jessen.
55 Diagnosis of Spinal Cord Tumors. (Rückenmarkstumoren.) Jancke.
56 Operative Removal of Undiagnosed Foreign Bodies in Neck or Abdomen. (Eigentümliches Verhalten von Fremdkörpern.) C. Sultan.
57 *Mosquito Net as Protector against Malaria in 1888. (Zur Geschichte der Malariaübertragung.) E. Schrwald.

47. **Comparative Temperature Measurements.**—Stäubli has already called attention to the increase in the rectal temperature after walking, even in the healthy, while the temperature in the axilla may drop. He gives some charts to show the behavior of the temperature in mouth, axilla, rectum and groin; the two latter run a parallel course, rising after exercise and subsiding to normal in twenty or thirty minutes. He warns that no reliance can be placed therefore on the temperature in the rectum unless the patient has been perfectly quiet for from thirty to sixty minutes before it is taken.

49. **Intravenous Drop Infusion.**—Friedmann has applied the technic for protoclysis for intravenous infusion of salt solution and has been much pleased with the harmlessness and efficacy of the method in his experience with twenty cases. He added a little heart tonic or epinephrin as happened to be needed, and kept up the infusion five hours or longer, once for twenty-three hours, the cannula introduced into the median cephalic or ulnar vein. The forearm is raised perpendicularly by a bandage suspended from a frame above. The blood-pressure does not rise so rapidly under the infusion as with the ordinary technic, but it slowly increases and keeps steadily at an even, approximately normal level. There were no by-effects and the heart seemed to bear without injury infusion of large amounts in this way, up to three or five liters or even more. Of course the blood-pressure must be kept under constant control, and if it goes above normal or the patient becomes restless and uncomfortable the fluid must be shut off. The abdomen must also be kept under supervision to watch if there is transudation; superfluous fluid seems to be thrown off in this way if the kidneys and sweat glands are not working sufficiently. He experimented further with medicating the fluid, and thinks that his results were encouraging for administering drugs in this way.

52. **Epidemic Poliomyelitis.**—Trumpp states that this disease appeared at Munich in the last of 1912 almost in epidemic form; thirty cases were reported by the pediatrists alone, mostly isolated cases. In one family with ten children three of the children developed unusual types and the disease seemed to recur after an interval. In one child the mild clinical picture was intentionally exaggerated at the recurrence after five weeks; the case suggests the necessity for being on one's guard against imitation and simulation.

57. **Mosquito Net as Protector against Malaria in 1888.**—Schrwald cites from Stanley's "Darkest Africa" a passage in which Stanley mentions that Emin Pasha had told him that since he had made a practice of sleeping under a mosquito net he had been free from malaria. Stanley mentions it merely as an absurd idea. He made no effort to act on the sug-

V. 191

gestion and continued to suffer from malaria afterward as before, while Emin Pasha carried his own mosquito net around with him and was apparently immune to the disease. Emin was a physician but the true connection between the net and the disease did not occur to him.

Wiener klinische Wochenschrift, Vienna

May 8, XXVI, No. 19, pp. 737-780

58 *Treatment of Stab Wounds of the Lungs. (Zur Frage: Operative oder konservative Behandlung von Stichverletzungen der Lunge.) E. v. Kutscha.
59 Mechanism of General Anesthesia with Magnesium Sulphate. (Zur Kenntnis der Magnesiumnarkose.) J. Schütz.
60 The Changes in the Hypophysis with Acromegaly. H. Poindecker.
61 *Cancer of the Lung. (Ueber den sogenannten Schneeberger Lungenkrebs.) A. Arnstein.
62 From the Seat of War. (Kriegschirurgische Erfahrungen aus Serbien.) J. v. Budisavljevic.
63 Action of Therapeutic Exercises on the Circulation. II. (Die Wirkung der Heilgymnastik auf die Blutzirkulation im Lichte der klinischen Erfahrungen.) S. Salaghi.
64 *Conservation of Energy in Medical Publications. (Der energetische Imperativ—Ostwald—und die medizinischen Zeitschriften.) J. Kollarits.

58. **Stab Wounds of the Lungs.**—Four cases are described to illustrate the various conditions that may be encountered compelling operative measures, and eight other cases in which the patients recovered without an operation. Kutscha compares his experiences with those of others on record and remarks that severe hemorrhage and collapse from pneumothorax justify operative measures even when no differential pressure procedures are applicable. If the thorax is opened it should be done extensively enough for ample access and suture of the wound in the lung before attempting pneumopexy or artificial insufflation of the lung.

61. **Schneeberg Miners' Lung Cancer.**—Arnstein calls attention anew to the remarkable prevalence of malignant disease of the lungs in the miners in the Schneeberg district in Saxony. The minerals mined are mostly cobalt, bismuth and nickel. In 1878 Härting and Hesse reported that a lymphosarcoma of the bronchial lymph-nodes or an endothelial sarcoma was responsible for 75 per cent. of all the deaths among the miners. Arnstein has been investigating the subject anew and found that one-third of all the miners admitted to the hospital 1907-1911 entered with the diagnosis of cancer of the lung, and it was given as the cause of death in 44 per cent. of the death certificates. It is probable that in many cases tuberculosis and possibly also pneumoconiosis may have been erroneously diagnosed as cancer of the lung as necropsies are rare. The local mining industry is declining, and Arnstein urges more extensive study of the subject while there is still material for it. In the two cases which he was able to examine post mortem, the trouble proved to be chronic pulmonary tuberculosis in one case, but in the other true carcinoma of the lung with metastasis.

64. **The Conservation of Energy in Medical Publications.**—Kollarits pleads for two reforms in scientific publications, medical and otherwise, which would mean a great saving in energy, time, expense and space. His first suggestion may seem trivial but he declares that if one studies it a little the great advantage of its general adoption will become apparent. This suggestion is that all books should be of a standard uniform size, differing in thickness only. Think of the waste of shelf-room in libraries, he exclaims, the difficulty of packing books, and the endless number of different machines and tools required to make the books of the varying sizes now in vogue. The price of books could be reduced if all were of a standard size. The international organization of the chemical associations has adopted a uniform standard size for all the journals on chemistry. The leading German medical weeklies are about 10 by 12 inches in size, and he says that the bound volume is so unpleasantly large that no one but an athlete can handle it conveniently.

His other plea bears on the duplication of abstracts in current medical literature. All of the six leading German weeklies are taken in the medical libraries and many physicians subscribe to more than one and also to the two French weeklies. This means that six or eight reviews of the same original article are thus received, in the various weeklies, duplicating, nay, sextupling the abstract, a useless expense to publishers and subscribers and a wearisome annoyance to readers, while filling to no purpose the library shelves. He thinks it is no exaggeration to say that a fourth of the shelf-space given up to these journals is wasted in this way. His suggestion for a remedy is radical, as he would like to have the leading journals unite to publish a separate supplement common to all and alike for all, devoted exclusively to abstracts of current medical literature. The subscriber would receive this supplement with the first of these journals to which he subscribed, and all the other weeklies could be obtained at a cheaper price as they would not have to supply this supplement. He remarks that the abstract-writers might be looked on as too autocratic, as the fate of the original articles would thus rest to such an extent in their hands alone, and it might be better not to disclose their identity. One great advantage of this plan would be that the abstracts could be made more numerous and more complete. It might be possible to publish the common supplement in several different languages, as physicians of different races have practically the same needs in keeping abreast of the medical sciences.

Zeitschrift für Kinderheilkunde, Berlin

VII, Nos. 3-4, pp. 161-320. Last indexed June 14, p. 1931

65 Calcium and Phosphorus Metabolism Studied in Two Boys of 13 and 14. O. Herbst.
66 *The Diet in Infections. (Welche Aufgaben stellen die Infektionen im Säuglingsalter der Diätetik?) L. Langstein.
67 Colostrum as Nutriment. (Der Nährwert des Colostrum.) L. Langstein, F. Rett and F. Edelstein.
68 Deviation of Complement in Whooping-Cough. (Der Komplementbindungsvorgang bei Keuchhusten.) M. Manicatide.
69 *Prophylaxis of Infection in Infants' Wards. (Zur Infektionsverhütung im Säuglingspital.) L. F. Meyer.
70 The Blood and the Heart Action in Healthy Children. (Arbeitsleistung des Blutes und des Herzens bei gesunden Kindern vom 6 bis 11 Lebensjahre.) E. Müller.
71 *Inanition in Infants and Glycosuria. (Inanition und Zuckerausscheidung im Säuglingsalter.) H. Rietschel.
72 Importance of Laws of Physics and Chemistry in Study of Infant Metabolism, etc. (Beispiel für die Bedeutung physikalischer und physikal-chemischer Forschungen in der Physiologie und Pathologie des Säuglings.) B. Salge.
73 Albuminuria in New-Born Infants. F. Heller.
74 Idiosyncrasy in Infants to Cow's Milk. H. Neuhaus and G. Schaub.

66. **Diet in the Infections of Infancy, Particularly in Tuberculosis.**—Langstein reiterates that next to mothers' milk protein milk, "albumin milk," offers the best food for infants, not only in acute infections, but in tuberculosis. The diet should be poor in carbohydrates and rich in fat and protein and albumin milk answers these requirements. An excess of carbohydrates leads to increased fermentation and production of acids, thereby causing demineralization, which is held by some authorities to be an important factor in the nutritional disturbances of tuberculosis.

69. **The Control of Infection in Infants' Wards.**—Meyer believes that in so far as the condition known as hospitalism exists to-day it is to be attributed to infection, chiefly of the respiratory system. From statistics of the Berlin infants' hospital, he found that a much greater percentage of the deaths were from respiratory diseases than from nutritional diseases, and that practically every child sojourning in the hospital four weeks or more had some sort of respiratory infection, the majority of them influenza. He believes that many cases of digestive disturbance are secondary to respiratory infections, and this conclusion is confirmed by the marked decrease in diarrhea and other intestinal complaints after steps were taken to hinder the spread of such infections. Believing that these infections are spread directly through the air, he adopted the plan of dividing the ward into separate compartments with a central corridor between. The compartments were separated at first by cloth screens in wooden frames, later by glass partitions. Visitors were not allowed to enter the compartments, but only the corridor. Pictures of the arrangement of the compartments are given and tables showing the very favorable results obtained. Before this separate box

system had been installed, each child admitted with a catarrhal infection had infected on an average two others, while afterward thirty-six children admitted with respiratory infections transmitted them to only two others. Diphtheria, however, could not be controlled in this way, showing that it is spread indirectly through others. As stated before, there was a marked gain in the general health of the children guarded from respiratory infection.

71. **Inanition and Excretion of Sugar in Infants.**—Rietschel calls attention to the fact that withdrawal of food, which is frequently used as a therapeutic measure, involves some danger for the child. He showed experimentally that after two or three days of fasting sugar could be demonstrated in the urine even of healthy infants, thus proving that damage had been done to the intestinal epithelium. This does not occur in adults. This injury may be more intense and lead to much more serious results in sick infants.

Zentralblatt für Chirurgie, Leipsic

May 17, XL, No. 20, pp. 761-808

75 Fascia Flap for Restoration of Diaphragm; Experimental Research. (Ueber den plastischen Ersatz von Zwerchfelldefekten durch die Fascia lata.) P. S. Ikonnikoff and A. W. Smirnoff.

76 Reduction of Fractures under Local Anesthesia. B. Dollinger.

77 *Injury of Nerves from Blocking the Brachial Plexus. (Nervenschädigungen bei Plexusanästhesie.) M. Hirschler.

77. **Injury of the Nerves with Local Anesthesia of the Brachial Plexus.**—Hirschler reports three cases of direct injury of the nerves after blocking the brachial plexus; the patients were men of 16, 52 and 59. In the latter case the disturbances were paralysis of the flexors of the index finger and tendency thereto in the thumb and middle finger; electric tests showed the complete reaction of degeneration. By the end of four months the paralysis had subsided but the fingers were still weak. In the other cases the disturbances were merely sensory. When the injection is made into the brachial plexus there is always possibility of injuring the nerve fibers from the tip of the needle; when other nerves are blocked, the injection is merely around, not into the nerve proper, as in the case of this plexus. He does not think the by-effects are severe enough to prohibit the use of this technic as it may be possible to avoid them by using suitable needles. In case of patients requiring much use of the fingers, such as pianists, violinists and fine handcraftsmen, some other method of local anesthesia might be preferable.

Zentralblatt für Gynäkologie, Leipsic

May 17, XXXVII, No. 20, pp. 713-756

78 Technic for Cesarean Section. (Zur Technik des Kaiserschnittes.) J. Veit.

79 *Rupture of Uterus under Pituitrin. (Fall von Uterusruptur nach Pituitrin.) E. Herz.

79. **Rupture of the Uterus after Pituitrin.**—Herz reports a case in which a primipara of 20, delicate and anemic, had had weak ineffectual labor for two days when Herz injected 1 c.c. of pituitrin at 4:15 p. m. The labor pains increased at once in intensity and duration and after twenty minutes assumed a tetanic character, each lasting from five to seven minutes, and extremely severe. At 5:15 there was a tempestuous uterus contraction with evident rupture of the uterus, and at 7:15 p. m. the child was born in deep asphyxia but was revived after an hour's work. The cervix was found entirely torn off from the front wall of the uterus; the child and placenta had been expelled through the ragged gap. No attempt was made to suture the rupture, and sedatives were required to quiet the after-contraction, but the patient recovered. In the forty-seven cases in which he has used pituitrin his experience was always least favorable with frail, anemic women, some of them having vertigo and syncope, vertigo and vomiting or tinnitus persisting several days or tenesmus with much diuresis. The os at the time the pituitrin had been injected in the case of rupture, was permeable for only two fingers, and the lower segment of the uterus bulged outward; this may have afforded a predisposition to rupture. The disproportion between the size of the head and the flat rachitic pelvis was not sufficient to explain the rupture. The pituitrin had also evidently injured the fetus by the furious contractions induced, as the heart sounds were very faint. He adds that others have reported unfavorable action from hypophysis extract in various cases; post-partum atony of the uterus has been reported by Stern, Bagger and Jörgensen, and Spaeth has had two cases, while the latter, Malinowsky, Lieven and Nagy have reported weakening of the heart sounds and asphyxia of the child; Schneider-Sievers, Calman and Voigt have reported cases of collapse, tinnitus and dizziness; Nagy, Schneider-Sievers and Toepfer of eclampsia; contraction of the previously dilated os has been mentioned by Mackenrodt, Patek, Rieck, Hamm and Heil; Hamm, Voigts and Mackenrodt have reported tetanus of the uterus, and Voigts, premature separation of the placenta.

Zentralblatt für innere Medizin, Leipsic

May 24, XXXIV, No. 21, pp. 521-552

80 Technic for Roentgenoscopy of the Duodenum. O. David.

Gazzetta degli Ospedali e delle Cliniche, Milan

May 18, XXXIV, No. 59, pp. 615-630

81 Clinical Significance of Indican and Uroroscin in the Urine and of Tryptophan in the Stools. B. Vasoin.

May 20, No. 60, pp. 631-638

82 *Two Cases of Traumatic Leukemia. A. Facchin.

82. **Traumatic Leukemia.**—Facchin has found seven cases recorded of leukemia developing after an accident involving the spleen, including two in which it followed splenectomy; Murrich regarded amputation of the thigh as responsible for the leukemia in his case. In Facchin's two cases the spleen was directly injured in a fall or in an accident bending the body far over backward. The extreme pallor and weakness and the leukemic blood-findings continued a progressive course until each of the young men died of intercurrent pneumonia in about two months after his accident.

Policlinico, Rome

May 18, XX, No. 20, pp. 697-732

83 *Etiology of Progressive Paralysis. V. Massarotti.

83. **Etiology of Progressive Paralysis.**—Massarotti states that in all of his thirty-five patients with this affection, the connection with syphilis was unmistakable and there was always a history of no or inadequate treatment.

Brazil-Medico, Rio de Janeiro

April 22, XXVII, No. 16, pp. 151-160

84 The "Coccus-Like Bodies" or "Marginal Points" in the Blood are Merely Shreds of Broken Down Red Corpuscles. (Pesquizas sobre a natureza dos anaplasmas.) E. C. Dias and H. de B. Aragão.

May 1, No. 17, pp. 161-170

85 Modern Treatment of Painful Flat-Foot. (Tratamento do pe chato doloroso.) C. Werneck.

Ugeskrift for Læger, Copenhagen

May 15, LXXV, No. 20, pp. 809-868

86 *Sterilization of Olive Oil, Glycerin and Liquid Paraffin. (Metode til sterilisation af nogle ikke vandige Stoffer med højt Kogepunkt.) K. Schroeder.

86. **Sterilization of Olive Oil, Glycerin and Liquid Paraffin.**—Schroeder tested these substances as supposedly sterilized by the technics commonly in vogue and found that the sterilization was far from being dependable. He then instituted research of his own in this line and announces that heating in a dry oven for one hour at a temperature of 160 C. will positively sterilize olive oil, glycerin and liquid paraffin without injury to the substances, the bottle or the cork. He used wide-mouthed bottles holding from 15 to 30 c.c., stoppered them with a stout cork and was careful not to fill them more than two-thirds full. As the boiling point of glycerin is at 290 C. and that of the other substances mentioned probably equally high, they do not boil at 160, and there is no danger of forcing out the cork.

THE OPENING MEETING OF THE ASSOCIATION

Tuesday Morning, June 17

The opening general meeting of the Association was held in the Minneapolis Auditorium, and was called to order at 10:30 a. m. by the President, Dr. Abraham Jacobi, New York.

Ex-Presidents, members of the Board of Trustees, and other officers of the Association occupied seats on the platform.

Rev. James E. Freeman, D.D., Minneapolis, delivered the invocation.

Addresses of Welcome

President Jacobi introduced George Edgar Vincent, Ph.D., LL.D., President of the University of Minnesota, who delivered the following

WELCOME FROM THE UNIVERSITY OF MINNESOTA

Mr. President, Members of the American Medical Association, Ladies and Gentlemen: To me has been assigned the grateful duty in behalf of the educational interests of this community of bidding you welcome. I omit the well-worn phrases, the time-honored jocularities, the traditional cynicisms, the rhapsodic tributes, with which you are so often greeted. By violating the conventions let me hope that I convince you of the sincerity of our respect and good will.

The state of Minnesota maintains in Minneapolis and St. Paul a center of scientific investigation and of liberal and professional education. To the members of this university community it is a keen satisfaction to welcome this distinguished body of men and women, dominated by the scientific spirit and by educational ideals. In days when specialization seems to isolate investigators from each other, it is well to remember that fundamental to all specialized tasks are a method and an aim which bind all separate inquiries into one inspiring, cooperative search for truth.

One division of the university feels a peculiar interest in your presence. The medical school extends to you fraternal greetings of genuine warmth. In this school the university takes just pride. To its upbuilding the medical men of these cities have devoted themselves loyally. Under conditions sometimes disheartening they have persisted with courage and unflagging zeal. Gradually the unification of medical education for the whole state has been achieved. Minnesota enjoys the distinction of having unified medical education under state control. The close association on the laboratory side between the medical school and the state board of health affords an efficient concentration. (Applause.)

The school is fortunate in having complete control of its own hospital, the capacity of which will, by recent act of the legislature, be increased to 175 beds. Inasmuch as this hospital receives only charity patients, certain complications which sometimes arise when hospitals are conducted on another basis are in this case happily avoided. Affiliation with the city hospitals of Minneapolis and St. Paul provides a wide range of clinical material and gives the school facilities for thorough instruction. An outpatient department under university control is taxed to the limits of its capacity.

While the medical school lays more stress on men than on buildings, it would be affectation to conceal the satisfaction which the institution feels in the new and completely equipped laboratories which have within the last two years been provided for the medical school. These represent an immense labor of study, planning and supervision by the medical staff.

If the medical school of the University of Minnesota is not satisfied with merely being in your Class A-plus, but has ambition to occupy a high place in that honored list, our friends will set this down to the natural hopefulness of this buoyant region. We do not count on creating consternation immediately in Boston, New York and Baltimore, but we do hope to win increasing recognition for devotion to high standards and ideals or undergraduate teaching, the development of graduate instruction, and the fostering of medical research. We look forward to the time when the medical school will be brought into close relationship with the various hospitals and institutions of the state, so that through this agency the university may increase the scope and efficiency of its service to the commonwealth. (Applause.)

One aspect of medical education gives us concern. We rely on your Association to do its part in solving the problem. The number of years required for medical education and the consequent expense are in danger of limiting the area of ability from which the medical profession is recruited. To the plea that individuals have a right to a short and easy road to professional practice we may well turn a deaf ear. Here, as elsewhere, the interests of the public transcend those of the individual. A cheap medical education is the most expensive for the community. But to limit candidates for medical practice to the economically strong is a wholly different thing. There is reason to believe that men and women who might contribute much to the progress of medicine are now excluded from candidacy. A system of scholarships, maintained through private endowment, through state aid, through the cooperation of an Association like yours, might go far toward meeting this difficulty. The profession must be open to the best ability, wherever found. (Applause.)

This community is honored by the presence of men and women who are dominated by the scientific spirit. In a sense, with the advance of knowledge the area of disagreement is narrowed. As phenomena are investigated and their laws formulated differences of opinion must yield to the convincing tests of truth. As the underlying medical sciences develop and as clinical research extends its area, sects and schools in medicine must lose their significance and surrender to a science that knows no fundamental antitheses and conflicts. There will always be a frontier on which investigators offer rival theories and where speculation must thrive, but research leaves behind it a widening territory of ascertained and indisputable truth. You are to be congratulated on the passing of parochial conceptions of your profession, and on the growth of a scientific cosmopolitanism. (Applause.)

You are to be felicitated also on the socialized ideals of your profession. Less and less is medicine regarded as a personal career—more and more it is exalted as a public service. This changed point of view is a part of the spirit of the times. The old individualism is yielding to the new consciousness of the community, of new loyalty to the common life.

Your Association's conception of your social mission is admirably manifested by your interest in preventive medicine and public health. To those cynics who see in your profession a conspiracy to keep people ill and hence productive of fees there seems something sinister and incredible in your apparent desire to keep the public well. But your sincerity and social spirit will be vindicated as you push your campaign of popular education, and forgetting the older ethics of aloofness from public affairs you make yourselves felt more and more in the national life. (Applause.)

By your interest in medical education, your attempts to standardize institutions, your plea for education not only of practicing physicians but also of public health officers, you are rendering service which cannot fail to gain recognition and hearty approval. We who are struggling with the chaos of our educational system need your aid and are grateful for what you are doing.

In nothing have you shown a truer conception of your duty than in your campaign for popular education concerning individual and public health. There was a time when many members of your profession were contented to give their opinions with dogmatic authority. They expected to have these accepted by a docile public. You realize the difference between an aristocratic bureaucracy and a democracy. In the former the experts may in true paternal fashion command submissive masses and expect unquestioned obedience, but in a democracy the experts must take their fellow citizens into their confidence and must tell them not only what to do but why. In your campaign, therefore, for public education, you are not only rendering an essential service, but you are conforming to the true principle of democracy, which must be built not on the unwilling submission, but on the intelligent cooperation of the people. (Applause.)

Finally, you are to be congratulated on the creation and perpetuation of the professional spirit. A man can be himself only as he lives the life of cooperation and comradeship. A profession is a collective personality. Each individual makes contribution to the whole, it is true, but the materials and the inspiration for his own development, are drawn from the common store. Only as men have the imagination to see their lives in their wider relationships, only as they lose their petty personal interests in larger and more generous common purposes, can they attain the true possibility of personal growth. May your profession gain steadily in its loyalty to truth in its disinterested devotion to the common life, in its high ideals of personal integrity and of professional obligation. (Loud applause.)

WELCOME FROM THE CITY OF MINNEAPOLIS

Hon. Wallace G. Nye, Mayor of Minneapolis, was introduced and said:

Mr. President, Members of the American Medical Association, Ladies and Gentlemen: Minneapolis, dressed in her finest summer robe, is proud of the opportunity now hers of entertaining and paying hostage to so distinguished a group of visitors.

If I were able to express to you a welcome so hospitable and so complete in the words at my command, and do so in all its graciousness and sweetness, I am sure the honey-bees would swarm around my face (laughter), for Minneapolis has looked forward to your coming with pleasant and pleasurable anticipations of the helpful discussions which are to take place. By your meeting here, she hopes to form new acquaintances within her gates. Minneapolis bade me to say that if any act is committed, or omitted in the arrangements for your convenience or your pleasure in any degree, which will lessen their completeness, we trust you will not attribute it to a lack of desire on her part, but to her youth and inexperience.

Minneapolis is a maid of tender years. She has not attained full stature. She has only recently begun to take on those charms of form and graces of manner which characterize her years of maturity. Half a century spans her life and fewer years than that mark the period of her principal growth. And she has been growing some but always in a peaceful sort of way. She has never had any great affliction. She has been a fortunate maiden who has never suffered any great calamity. In fact, she has never had any affliction at all, except occasionally growing pains (laughter) and those, I might add, have always been most keenly felt by her taxpayers. (Laughter.)

Minneapolis is pleased to have you here because the opportunity of your coming enables her to display her charms and for you to become acquainted with them. Her motives are not mercenary. She wants you to enjoy yourselves. She wants you to see her flour-mills, hospitals, factories, banks and other institutions which go toward the making of a strong community; but more than all these, she wants you to see the splendid efforts she has made to keep business away from the doctors by supplying her people with health-giving outdoor resources for happiness and the joy of living. (Applause.) She wants you to believe that her joy in your coming is unselfish, although she realizes that in spite of the resolution recently passed by your executive body, you will be obliged to split some of your hard-earned fees with her. (Laughter.) And if any of you, unable to tear yourselves away from her charms, become members of our community, she will bid you welcome to her happy family although with a warning that she will not decrease her efforts to lessen the demand for members of your noble profession. (Applause.)

We want you to see our parks, our playgrounds, our public baths, for Minneapolis in the last few years has been giving special attention to cleanliness, to sanitation, to fire prevention, to pure air and pure food and drugs. We are doing something along all these lines and with your coming, it will be helpful to us. (Applause.)

We are delighted to have you here because of the proud and prominent position which the American Medical Association occupies in the world, and because we have learned that your mission is not to serve the local members of this profession but to serve mankind. Minneapolis knows from years of experience that you are intensely interested in the conservation of the health of the people in this and other communities, and so not only in this community, but in every community throughout this country, your members are unselfishly making themselves active forces in lessening the causes of diseases and sickness and in prolonging human life. (Applause.)

Finally, Minneapolis gladly expresses the hope that this meeting will prove helpful to you, and helpful to the world, and that your stay will be very pleasant. (Applause.)

WELCOME FROM THE STATE OF MINNESOTA

Hon. Adolph Olson Eberhart, Governor of Minnesota, was introduced and said:

Mr. President, Members of the American Medical Association, Ladies and Gentlemen: After listening to the splendid addresses of welcome by the President of the University of Minnesota, and by the Mayor of Minneapolis, I shall be very brief. As governor of the state, I extend to you a hearty welcome on behalf of our citizens. We are glad to have you with us. We trust you will spend your money freely while you are here. It is a pleasure personally for a man in my position to sit here and look into the faces of so many honest people. (Laughter.)

The mayor spoke about the beauties and attractions of Minneapolis, but said very little about the city across the way. It is true, they are twin cities, and they constitute a considerable portion of the state of Minnesota. Both cities consider themselves very important—a thing you would find out if you were governor. (Laughter.)

It is very essential that we should have so many doctors here with us at this time when our board of health is considering the question of certified milk. Pure milk is a godsend to all of us. It has been jokingly remarked that if there are not enough microbes in the milk, the milk-dealers connect the milk with the water system. (Laughter.)

But, seriously, gentlemen, you are doing a great work. You are achieving results. The greatest service that can be rendered to mankind must come from the medical profession, and Minnesota is one of the states which to-day is actively engaged in educating the people with regard to public health, the prevention of disease, and how to prolong life. (Applause.)

We hope this session of your Association will be the best in its history, and that it will result in good not only for the great state of Minnesota, but for every country and every people in the civilized world. (Applause.)

Dr. Frank C. Todd, Chairman of the Local Committee on Arrangements, called attention to the scientific program and the receptions and entertainments announced.

Dr. Jacobi, in introducing Dr. Witherspoon, said:

"Before vacating this place, I beg leave to say that I had hoped for an opportunity to express some thoughts and wishes uppermost in my mind; not that I believe that there is anything that I know or could suggest beyond what your Trustees and Councils are able and eager to do for this Association of ours. There are but two principal suggestions I made before the House of Delegates yesterday. I repeat them here because after all they may concern you intimately. One was that the House of Delegates should so arrange its meetings that in our Section meetings we should not be deprived of the cooperation of the men who owe their places in your House of Delegates to the recognition of their superiority; nor is it proper that their services rendered to us should rob them of their participation in scientific discussions. Another plea is that the Secretaryships in our Sections should be made, if possible, permanent offices. My reasons are detailed in a brief valedictory which will appear in THE JOURNAL. All of this I repeat here because I was ever of the opinion that the democracy of our institutions, political, social and scientific, justifies the information, and participation of all.

Now, members and fellows of the American Association: after having enjoyed the honorable duty of presiding over you, the moment has arrived to bid you goodbye, but only to join your ranks. These sixty years I have dwelt amongst you and our people a willing and grateful disciple and cooperator, and now I gladly return to where I belong. I leave this office in the charge of your choice, a good, staunch, forceful man, known to us all, to whom it has been intrusted: known to the young students of the land, whom he has matured; to the public at large for his eloquence and for his teaching. I have learned to appreciate him as a bright and warm-hearted representative of the practical American idealism, which has been and is to remain the soul and backbone of our sacred profession and of this country of ours, of the present and of the future. I do not call his name—I need not introduce him, he has come into his own. (Applause.)

President Witherspoon (turning to Dr. Jacobi) said:

Honored Sir, your remarks concerning me are not only highly appreciated, but I would do violence to my own feelings did I not say to you on retiring, that while your country has given to this many grand and noble things, especially medicine, none in my judgment is comparable to the high and noble idealism which your life among us has taught. In my association with you I have not only appreciated your high sense of honor and earnest desire to do everything you can for the moral uplift of the profession, but I have learned to revere your high and noble character, respect your great learning, and by intimate association to love you. (Applause.)

After these introductory remarks, President John A. Witherspoon, Nashville, Tenn., delivered an address entitled "Our National Health Problem."

The opening meeting then adjourned.

PROCEEDINGS OF THE MINNEAPOLIS SESSION

MINUTES OF THE SIXTY-FOURTH ANNUAL SESSION OF THE AMERICAN MEDICAL ASSOCIATION, HELD AT MINNEAPOLIS, JUNE 16-20, 1913

(*Continued from page 2019*)

HOUSE OF DELEGATES

Second Meeting—Monday Afternoon, June 16

The House of Delegates reconvened at 2:10 p. m. and was called to order by the President.

Dr. D. Chester Brown, Connecticut, Chairman, presented a report from the Committee on Credentials, naming the delegates seated, and at the conclusion of the report said:

There have been two applications made for membership in the House of Delegates, one by Dr. George T. Welch, New Jersey State Medical Society. At the last session of the House of Delegates, at Atlantic City, a standing rule was adopted that alternates should be specifically designated for delegate. In this instance, New Jersey has appointed delegates, but did not designate the particular alternate for delegates. Dr. Welch is a duly elected alternate, but has no credentials to present showing that he has been given authority to act for any delegate on the list.

The same is true of Dr. James W. Dinnen, of the Indiana State Medical Society. As neither of these gentlemen has presented any credentials to the Committee on Credentials, we have decided that they cannot be seated in the House under the standing rule.

Dr. E. T. Abrams, Michigan, moved that the rules be suspended and that the two gentlemen named, who came without credentials, and who were elected alternates in the regular way, be seated.

Motion seconded.

Dr. E. J. McKnight, Connecticut, moved that this matter be laid on the table until to-morrow afternoon.

Motion seconded and carried.

Dr. Wendell C. Phillips, New York, moved that the last two lines of Standing Rule No. 1, "With an alternate designated for each delegate to act in his stead when so authorized by the principal," be rescinded.

Motion seconded and carried.

Dr. E. J. McKnight, Connecticut, moved a reconsideration of the vote whereby the matter relating to Standing Rule No. 1 was laid on the table until to-morrow afternoon, and that it now be taken off the table for consideration.

Motion seconded and carried.

The motion to seat these alternates was then put and carried.

The minutes of the previous meeting were read and approved.

Report of the Committee on Red Cross Medical Work

The President called for the report of the Committee on Red Cross Medical Work, and as there was no member of that Committee present, Dr. Arthur T. McCormack, Kentucky, moved that the report be referred to the Reference Committee on Reports of Officers.

Motion seconded and carried.

The report follows:

To the Members of the House of Delegates of the American Medical Association:

The Committee on Red Cross Medical Work was created at the 1912 session as the result of a communication from the Chairman of the Central Committee of the American Red Cross requesting the appointment of a committee to consult and advise with a committee of the American Red Cross as to the best arrangement to be made for the medical relief in times of disaster. This request was presented by President Welch at the Session of 1911 held at Los Angeles, and submitted to the Reference Committee on Report of Officers.

The Reference Committee concurred in the recommendation of the President and "believed it to be most appropriate and desirable that the Association should give its approval and assistance to the American Red Cross in times of national disaster and through its local organizations should select men of probity and recognized professional competence to be the agents through whom the beneficence of the nation is bestowed.

"It is recommended therefore, that the President be authorized to appoint a committee of five to consult and to advise with a committee of the National Red Cross for the purpose above stated and to report at the next annual meeting such scheme of cooperation as may be agreed on."

The President appointed a committee and at the session held at Atlantic City in 1912 the committee submitted an excellent report signed by A. T. McCormack, chairman, Charles A. L. Reed, Miles F. Porter and H. L. E. Johnson. The report points out the urgent need of an effective medical force throughout the country which may be available without delay in case of a local disaster to cooperate with the American Red Cross. The committee recommended that a standing committee of three on Red Cross medical work be constituted by an amendement to our By-Laws, and emphasized the importance of the work not only for the relief of distress in times of war and disaster, but also in the prevention of needless suffering and sacrifice of life from faulty sanitary and housing conditions, and from industrial and other violence. This report was referred to the Reference Committee on Amendments to the Constitution and By-Laws, and the following By-Law known as Section 8 of Chapter VIII was adopted:

SECTION 8. COMMITTEE ON RED CROSS MEDICAL WORK. The Committee on Red Cross Medical Work shall consist of three members, one of whom shall be appointed by the President upon the nomination of the Surgeon General of the Army, one upon the nomination of the Surgeon General of the Navy, and the third member of the committee, who shall be its chairman, shall be appointed by the President and nominated to the Red Cross as the representative of this Association on its Relief Board. This committee is authorized to cooperate with the National Red Cross and shall have advisory supervision over state and county committees having charge of the same subject and shall be empowered to act for the Association in matters involving medical personnel in times of disaster, provided that it shall expend money or contract financial obligations only as shall be authorized in writing by the Board of Trustees.

Pursuant to the action of the Association, President Jacobi on September 14, 1912, appointed a Committee on Red Cross Medical Work composed of Lieut. Col. Francis A. Winter, Medical Corps, U. S. Army; Surgeon E. M. Blackwell, Medical Corps U. S. Navy and George M. Kober as chairman.

Your committee after several consultations with representatives of the American Red Cross begs to submit the following, as showing its conception of what is desired and its estimate of what should be done to accomplish the purpose:

1. It is believed that the American Red Cross desires to enlist the sympathy of the medical profession in general, and the active cooperation of certain representative men of that profession in time of disaster or other emergency which may occur in any section of our country.

2. It is understood that the Red Cross desires to bring duly qualified medical men into a position to direct or participate in the medical work and to cooperate with the nursing and local lay services which represent the organization at differ-

ent places, in order that there may be coordination of effort between the various elements of the Red Cross service.

To bring about these results the committee adopted the following procedure:

There are about 1,986 component societies affiliated with the American Medical Association. The committee has communicated with the secretary of each County Society by sending to that official a circular letter, appended hereto and marked Exhibit A.† The responses to this circular are expected to supply the names of five physicians to serve as members of a County Committee on Red Cross Medical Work, two of whom shall be the President and Secretary of the County Medical Society *ex-officio*, the other three members shall be selected by the President of said Society, preferably from the censors, councilors or the executive committee. In case of disaster requiring the intervention of the Red Cross, that organization will be in a position to call upon these County Committees to select a sufficient number of qualified medical men for service in the Red Cross medical work, and to advise with the representatives of that society on questions of medical policy and procedure. The Red Cross will thus be assured of the services of qualified medical men.

3. Having secured the appointment of County Committees with names and addresses, it would remain for the Red Cross to effect a concert of action between the various activities in any community, by such measures, and by such individuals within its organization as might seem best to bring about the result.

The recommendations of the committee, affecting the method employed in securing the appointment of County Committees on Red Cross Medical Work are set forth in detail, in the appended circular letter, which was approved by the Executive Committee of the American National Red Cross and issued Feb. 14, 1913.

Your committee takes pleasure in reporting that up to April 30 fifty-seven County Medical Societies in twenty-four states have organized committees,* and quite a number of secretaries of County Societies have acknowledged the receipt of the communication and promised to bring it to the attention of their respective bodies at the next meeting.

Alabama	1	Missouri	4
Arkansas	2	Nebraska	3
California	2	New York	1
Dist. of Columbia	1	Ohio	1
Florida	2	Oklahoma	2
Georgia	1	Pennsylvania	3
Illinois	10	Rhode Island	1
Indiana	2	South Carolina	2
Iowa	5	Tennessee	1
Kentucky	4	Texas	4
Louisiana	1	Virginia	1
Mississippi	1	West Virginia	2

The committee believes that the disasters of floods, tornadoes and forest fires which have swept over different sections of the country emphasize the need of prompt organization of County Committees on Red Cross Medical Work in all parts of this country. In order to keep the subject before the profession and to reduce the expense of correspondence, which has been defrayed by the Red Cross, to a minimum, the secretary of the American Medical Association, has caused our circular letter to be reprinted in the *Bulletin* in such a manner that it can be removed and placed with the memoranda of the secretary of a county society for consideration and action at the next meeting of that body.

Such a follow up system may become necessary from time to time until the desired object is attained.

The American Red Cross Magazine for April, 1913, also published the circular with the following words of appreciation:

"Many replies are coming from County Medical Societies indicating a cordial acceptance of the committee's plan. It may be said in this connection that the medical profession has always been generous and responsive in the highest degree in all its relations with the Red Cross. The purpose of this new plan is to provide a simple system by means of which the cordial relationship may become more effective."

† Exhibit A, a circular letter, p. 161 of the Hand Book, is omitted here.

In conclusion your committee expresses the hope for prompt action by all Medical Societies in affiliation with the American Medical Association so that there may be a comprehensive system of cooperation between the Red Cross and the medical profession of the United States.

When this is accomplished we may expect that in addition to an effective organization for emergency relief work these committees will prove strong auxiliary forces to both the Council on Health and Public Instruction and the American Red Cross in their general campaign for the mitigation of human suffering and the saving of lives.

Respectfully submitted,

GEO. W. KOBER,
Chairman.

F. A. WINTER,
Lieut.-Colonel Medical Corps, U. S. Army.

E. M. BLACKWELL,
Surgeon U. S. Navy.

Dr. Frank B. Wynn, Indiana, presented the report of the Committee on Scientific Exhibit, as follows:

Report of the Committee on Scientific Exhibit

To the Members of the House of Delegates of the American Medical Association:

The present Scientific Exhibit, in point of size, variety and uniform excellence, has not been surpassed, if equaled, at any previous meeting. The Catalog of Exhibits and Program of Demonstrations, herewith submitted, offer strong proof of the statement.

The superb housing afforded this year, with every possible arrangement for proper classification and demonstration, appeal with great force to scientific workers who have sometimes chafed under the unavoidable shortcomings of quarters offered. Let us rejoice at our present good fortune, but have a care lest it spoil us for accepting gracefully at subsequent meetings what necessity may have to offer.

In the opinion of the Committee, $1,000, annually, is ample for the maintenance of the exhibit, as at present conducted. It is recommended that this sum be appropriated for the succeeding year.

It is urged that a Committee on Awards be appointed at once in order that they may have ample time to inspect and pass on exhibits.

It would not be fair to conclude this report without some general references to this splendid array of scientific material and the sixty or more scientists who have devotedly labored, without money and without price, to bring the exhibit to a successful consummation. Every member who fails to visit it will be guilty of neglect of duty and of opportunity.

A careful perusal of the exhibit will show that certain features are emphasized. It is gratifying to note that anatomy and physiology claim larger representation than heretofore; including, besides many beautifully prepared anatomic specimens, several research exhibits.

Surgical pathology is given marked prominence in a large amount of gross and microscopic material, very carefully demonstrated.

Cancer and infectious diseases furnish several most interesting research exhibits and demonstrations.

Noteworthy is the series of exhibits showing newer methods of anesthesia and physiologic researches on the subject.

The Roentgen-ray exhibits treat chiefly gastro-intestinal diagnosis, and public health exhibits give conspicuous attention to the milk problem.

Perhaps the most noteworthy feature, however, consists in the large number of exhibitors who have consented to make formal demonstrations at stated hours—thirty-eight in all. For long the effort has been made to convince exhibitors that demonstrations were a great advantage to them as well as for the wider educational influence of the exhibit. That this evolution has come slowly offers greater certainty for its permanence.

We may summarize briefly some of the present purposes and aims of the Scientific Exhibit:

V. 191

1. It should be the avenue through which research workers from year to year present the fruits of their investigations for consideration and friendly criticism by fellow workers. The same things should likewise be presented to practitioners in order that they be kept alert as to fundamental scientific progress in medicine.

2. Effort is being made to coordinate more and more the work of sections with the exhibit. The worthy features of a paper are thus visualized and vitalized. It helps both reader and hearer, and tends to diminish tedious compilations. Several of the papers read at this session are illuminated most admirably by exhibits. Such often bring the convincing evidence to the observer which the written article will not bring to the reader. Papers too often and too easily are padded; the scientific demonstration shows the naked truth. The Scientific Exhibit becomes to the real scientist a forum in which he may proclaim and prove his contentions, or place on his critics the burden of disproof.

3. The Scientific Exhibit is seeking to eliminate clannishness among scientific workers and to democratize their labors for the common good of the profession. Snobbery should not belong to medical research. The scientific investigator who holds himself aloof from the practitioner is keeping the leaven out of the bread of professional life. On the other hand, the practitioner of medicine or surgery who looks askance at laboratory methods as visionary and unpractical is building his house on the sands of error and not on the rocks of truth, and it will not stand.

With the rapid growth of the Association and the multiplication of sections, there is a centrifugal tendency which is not unmixed with evil. Should there not be some converging or restraining influence which will continue to bind the work of all the sections firmly to the fundamentals which underlie all progress in any branch of medicine? What agency could better accomplish this than the Scientific Exhibit?

In conclusion, what shall we say of the men who have so industriously and unselfishly labored to make this exhibit a success—sixty or more of them? Not only has their service been gratuitous; it has entailed great expenditure of labor, time and money. The animus of their interest and participation lies in the scientific spirit which leads them on into medical idealism. Thus have labored Dr. Louis B. Wilson and Dr. Thomas G. Lee on the committee, and the large number whose names appear in the program. We owe to them a debt of gratitude which it is impossible to repay. We can only say of them and their predecessors that they have been heroes in the army of science. In the gallant company of our ranks have marched Carroll and Ricketts. Of this sort of stuff are those loyal workers and supporters of the Scientific Exhibit made. All honor to them! We cannot do less than show our appreciation by attentive patronage of the splendid exhibits which their efforts have brought to successful fruition.

Respectfully submitted,

FRANK B. WYNN, Chairman.

On motion, duly seconded, a rising vote of thanks was extended to the Committee for its work.

Dr. Arthur T. McCormack, Kentucky, moved that a committee of three on awards be appointed by the President.

Motion seconded and carried.

The President appointed on this committee Drs. William T. Councilman, Joseph A. Capps and W. C. Woodward.

Report of the Committee on Anesthesia

Dr. W. D. Gatch, Indiana, Chairman, presented the report of the Committee on Anesthesia, as follows:

To the Members of the House of Delegates of the American Medical Association:

This committee, shortly after its appointment, began to consider in what manner its work could be applied to the best advantage. Its members were all of the opinion that the subject of anesthesia is too broad, and that its practical bearings are too important to be reviewed adequately in a brief report. They felt that the time has come when this committee should do for anesthesia what the Council of Pharmacy has done for pharmacy, namely, make a thoroughgoing, critical investigation of every phase of the subject. For the following reasons we believe that there is need for such an investigation:

1. Communications from surgeons and anesthetists in all parts of the country show that there is a general dissatisfaction with our present results in anesthesia. Deaths and postanesthetic complications are far too common.

2. There has of late been a tremendous interest in everything which has to do with anesthesia. The physiology, pathology and pharmacology thereof are being studied by many investigators and numerous new methods are being tried. Ether is now being administered by intratracheal and intrapharyngeal insufflation, intravenously and intramuscularly. The use of nitrous oxid is being warmly advocated, either alone or combined with ether and sedative drugs, or combined with local anesthesia. Finally, various methods of nerve blocking, local anesthesia and spinal anesthesia are being used. The proper evaluation of these procedures requires thorough investigation, for there is danger that at least in unskilful hands many of them may cause great harm, and that, therefore, some very useful methods may fall into discredit.

3. Since the very discovery of general anesthetics practically no new agents have been introduced which have proved as good as those first employed—ether, nitrous oxid and chloroform. All of these have obvious disadvantages, and it is not unreasonable to hope that scientific pharmacology may be able to discover new and better anesthetics. An investigation of the kind we advocate might do much to stimulate work with this object in view.

4. The nature of the action of anesthetics on the tissues, and especially on nerve tissue, is still very imperfectly understood, though of late years considerable additions to our knowledge have been made. Likewise there are many points in the physiology and pharmacology of anesthesia which require further investigation. It is obvious that to solve these fundamental problems would be of great advantage to practical anesthesia.

5. The instruction of medical students and interns in anesthesia even in many of our best hospitals and medical schools is often inadequate, and our arrangements for securing the best possible attention for each patient who is anesthetized are frequently poor. On this particular subject we shall have more to say later.

6. No adequate critical review of the various matters we have enumerated is at present to be found in any language. We believe that such a work, published in a series of pamphlets, would be of great value in directing future investigations along useful lines, and as a guide to the solution of the daily problems of the surgeon and anesthetist.

For these various reasons this committee decided to begin the preparation of a comprehensive review of the entire subject of anesthesia. We realized the magnitude of the task we were undertaking, and that considerable time would be required for its completion; nevertheless, we felt that the object in view was sufficient justification for our temerity. Each member of the committee was given a phase of the subject which he was best qualified to treat, and much actual work has been done. Statistics have been collected from hospitals and medical schools, the literature has been studied, and some original investigations carried out. But the labor has been so great that none of the committee is at present ready to make a final report on his part of the subject. We must, therefore, ask for an extension of time in which to complete this work. In addition to the work we have just described, the committee has arranged for a demonstration covering the recent work in anesthesia, in the Department of Scientific Exhibits. This, we hope, will enable all who are interested in the subject to learn from the investigators themselves much of what has recently been accomplished in this field.

On one particularly important subject the committee feels that it should make some specific recommendations at this time, since it feels that it has already sufficient information to make the same of value. This subject is the regulation of the administration of anesthetics in hospitals and elsewhere, and the instruction of medical students in anesthesia.

That our results in the field of anesthesia are no better is to be attributed to the general failure to take a broad view of the relations of anesthesia to general medicine and surgery, to a lack of proper organization of our hospital staffs, and, finally, to a lack of proper training of medical students and interns in anesthesia.

Good results in anesthesia depend not only on skilful administration of the anesthetics, but also on careful preliminary examination and preparation of the patient, intelligent cooperation of the surgeon and anesthetist, and proper postoperative care. To secure the necessary attention to each patient requires a hospital organization especially adapted to this purpose. In each hospital some one man must be made responsible for good results in anesthesia. He must be given the authority to see that every patient is carefully examined and prepared for operation; he must confer, when necessary, with the surgeon concerning the anesthesia, and he must be given charge of the care of the patient during his recovery from the same. He must have the power to instruct and direct the nurses and interns in the part of the work which they may be called on to do. Finally, he must be held responsible for every complication or accident due to anesthesia. A competent man provided with the authority we have outlined and cooperating with his surgeon can, we believe, at the present time prevent most of the deaths and other calamities which are all too frequent under the present system. A good salary together with the interest and importance of the work will secure plenty of men capable of filling such a position in any city of the country.

In certain hospitals it may not be desirable to employ a special man for this work. This is true of university hospitals and private hospitals directed by members of their own staff. In institutions of the former class, in which men serve an apprenticeship of several years on the resident staff, it is an excellent plan to place some member of the same in full charge of the anesthesia for a certain period of his stay. The experience is a valuable part of his training for surgery. Part of his duty should be the investigation of problems of anesthesia and the instruction of interns and medical students in practical anesthesia. He should also train a successor to himself.

In private hospitals the chiefs of the clinics may themselves look after the broader aspects of the work, and intrust the actual administration of the anesthetic to properly qualified assistants.

We believe that trained anesthetists, given the power we have defined, should be employed by all municipal and other charitable hospitals. In that large class of hospitals without a fixed staff, and in which every physician is allowed full control of his patients, it is doubtful if the plan of organization described is possible. For operations in such institutions the problem of securing good anesthesia is largely the same as for operations done elsewhere than in hospitals. The responsibility in respect to the anesthesia in all such cases must rest with the surgeon. In many cases, however, such hospitals can employ a good anesthetist to instruct their nurses and interns, and be at the service of any surgeon who requests his assistance. A tactful and efficient man in such a position will frequently be able to control practically the entire anesthetic situation of his hospital. The expense of his employment is a good investment for the hospital, even from a financial standpoint.

The instruction in anesthesia of medical students calls for consideration in this report. We believe that the importance of the subject requires that every student receive adequate instruction therein. This should not be limited to the mere administration of anesthetics, but should be broad enough in scope to give the student an intelligent conception of all the factors which must be taken into account in planning the anesthesia for each patient. The physiology and pathology of the respiration and circulation should be reviewed; also the effects of the various surgical postures, of hemorrhage, of trauma, of decreasing the bodily warmth, etc. The pharmacological action of chloroform, ether, nitrous oxid, morphin, hyoscin, atropin, strychnia, cocain, novocain, and various other drugs used in anesthesia, should be studied, preferably by means of experiments on animals. With the study of each drug, the use and dangers of the same in actual practice should be pointed out. After this preliminary study the student should be given as many clinical demonstrations of anesthesia as possible. In each of these he should know the results of the physical examination of the patient, the trouble for which the operation is performed, the preparation for operation, and the postoperative care. He should also follow every step of the administration, taking records at frequent intervals of the patient's pulse, blood-pressure and perhaps temperature. He should observe at least a dozen cases in this manner. Such instruction can be given to small groups of five or six students. Nothing short of such a course will give the student an adequate knowledge of modern anesthesia. We condemn the practice of allowing the student to administer the anesthesia except under very strict supervision—a supervision which should also be given him even in his intern year.

The preliminary work described above is already given in the laboratory years of the medical course. All that the plan we advocate requires is that this work be reviewed in the clinical years and its practical bearings pointed out. The actual demonstrations will necessitate hardly a change in the schedule of most schools. For at each operative clinic a small group of students can be called to study the anesthesia.

Respectfully submitted,

W. D. GATCH, Chairman.
T. S. CULLEN.
EVARTS A. GRAHAM.
JAMES P. GWATHMEY.
REID HUNT.

It was moved that the report be received and the Committee continued.

Motion seconded and carried.

Report of the Committee on Memorial to the Medical Officers Who Lost Their Lives in the Civil War

The President called for the report of the Committee on Memorial to Medical Officers Who Died in the Civil War, and in the absence of the Chairman of this Committee, Dr. Arthur T. McCormack, Kentucky, moved that the report be received and approved by the House of Delegates.

Motion seconded and carried.

The report is as follows:

To the Members of the House of Delegates of the American Medical Association:

At the sixty-third annual session of the Association held at Atlantic City, June, 1912, this committee reported progress and was continued.

At the last meeting of your Central Committee the chairman, Col. Wm. C. Gorgas, on account of the long distance at which he is removed from the other members resigned the chairmanship, and Dr. S. Weir Mitchell was appointed in his place.

The formation of the General Committee of one from each state has progressed rapidly since the issuance of an explanatory circular letter to one delegate in each state requesting nominations to your Central Committee. Those delegates who have been addressed and thus far have failed to report are urged to respond promptly, giving the name of a surgeon in good standing and who is a member of the American Medical Association, if not able to give the name of one who served in the Civil War.

The complete list of the Naval Surgeons who lost their lives during the Civil War has been received from the Bureau of Medicine and Surgery of the Navy Department at Washington, D. C.

Surgeon General Rupert Blue, of the Public Health Service, has accepted the position on the committee made vacant by the lamented death of Gen. Walter Wyman.

Your Central Committee felicitates itself on the realization that both in Illinois and Georgia memorials embodying the sentiments advocated in the first report of this committee are

about to be erected. We are still too close to the Civil War to measure its leaders in perspective, but it is not too early to affirm that the surgeons, on both sides, from the beginning to the end of that fratricidal conflict helped to make history which endures to-day as a permanent tribute to the bravery and unselfishness of the medical profession.

The day of reconciliation between us will not be in the future —it is now. A few of us who were at Gettisburg fifty years ago will be there next month—and Oh, what a change! "To one who looked down on the three terrible days of that hot July of 1863 such a commemoration as will take place would have seemed incredible. The reconciliation between the North and the South, now complete, is the most sublime moral miracle in modern history. It has come about through no concessions of the principles that were fought for—through no surrender of the convictions which lay back of that mighty struggle—but through an acceptance of the lessons of a terrible experience—through a new comprehension, in one section of the principle of nationality, and a recognition in the other of the courage and integrity of purpose of its former antagonists. In the words of the brave General Gordon of Georgia, 'We fought until the furnace of war melted all our discords and molded us into one homogeneous nation.'"

When the appropriate shaft contemplated by your committee shall have been erected, it will, in a small degree, demonstrate our appreciation of the noble services of those surgeons who gave up their lives in the performance of duty to a common humanity.

All the expenses incurred in the work thus far have been paid by the committee. The committee asks to be continued with the privileges, instructions and appropriations authorized by the House at the Atlantic City meeting of 1909.

Respectfully submitted,

S. WEIR MITCHELL, Chairman,
WILLIAM C. GORGAS,
G. LANE TANEYHILL, Secretary,
W. W. KEEN,
G. B. THORNTON.

Report of Committee to Arrange for Clinic Days

Dr. Charles L. Mix, Illinois, Chairman, presented the report of the Committee to Arrange for Clinic Days, as follows:

To the Members of the House of Delegates of the American Medical Association:

The Committee to Arrange for Clinic Days reports as follows:

One of the members of the Committee, Dr. Alexander Lambert, having resigned, his place was filled, at the suggestion of your Chairman, by President Abraham Jacobi. He named as the fifth member of this Committee Dr. James E. Moore of Minneapolis, who had already been appointed on a similar Committee on Clinics as Chairman, by the Minneapolis Local Committee on Arrangements.

By the appointment of Dr. Moore as a member of the Association's Committee on Clinic Days, the work of the local committee and of the national committee was perfectly harmonized. Your chairman arranged for a meeting in Minneapolis which he attended, at which Dr. James E. Moore was appointed as the direct representative of the Committee of the American Medical Association. He has, at the cost of infinite trouble, succeeded in arranging for the program to be given to-day and immediately following the meeting of the Association.

The Committee makes the following five suggestions to the House of Delegates, as to the personnel of the Committee:

1. That the present Committee be made a continuous body.

2. That Dr. Dr. James E. Moore, appointed during the current year, serve four years more, his term of office expiring with the meeting of the American Medical Association in 1917.

3. That the four remaining members of the present Commitee retire in alphabetical order, Dr. John M. T. Finney, this year; Dr. Edward Martin, in June, 1914; Dr. Philip Marvel, in June, 1915; Dr. Charles Louis Mix, in June, 1916.

4. That the President of the American Medical Association each year appoint a new member of the Committee on Clinic Days, the new member to be selected from among the physicians in whose city the next meeting is to be held.

5. That the chairmanship of the Committee change each year, going to the oldest member of the Committee; Dr. Edward Martin to be Chairman in 1914; Dr. Philip Marvel in 1915; Dr. Charles Louis Mix in 1916, and Dr. James E. Moore in 1917.

The committee also makes the following recommendation; namely, that publicity be given to the program which it arranges, such program to be printed in the official program in THE JOURNAL of the American Medical Association, as well as in the hand-book for visitors at the annual meetings. It further suggests that such printed program be given publicity exactly equaling that accorded the regular program.

Respectfully submitted,

CHARLES LOUIS MIX, Chicago, Chairman.
EDWARD MARTIN, Philadelphia.
JOHN M. T. FINNEY, Baltimore.
PHILIP MARVEL, Atlantic City.
JAMES E. MOORE, Minneapolis.

On motion, duly seconded, the report was referred to the Reference Committee on Miscellaneous Business.

Report of the Committee to Advise with the British Medical Association

Dr. E. J. Goodwin, Missouri, presented the report of the Committee to Advise with the British Medical Association Concerning a Joint Meeting, as follows:

To the Members of the House of Delegates of the American Medical Association:

At the last meeting of the Association you passed a resolution authorizing the appointment by the President of a committee to confer with the British Medical Association with the view, or purpose, of holding a joint meeting. The author of the resolution, and distinguished Chairman of the Committee, Dr. A. T. Bristow of Brooklyn, N. Y., recently died. The Committee feels keenly the loss of his invaluable service. The President appointed in his place, Dr. W. W. Grant of Denver, Colorado.

In reply to a letter addressed to the British Medical Association, the following acknowledgment has been received:

BRITISH MEDICAL ASSOCIATION
429, Strand, London, W. E.
March 27, 1913

Secretary, American Medical Association,
535 Dearborn Avenue, Chicago, U. S. A.

Dear Sir:—

I have the honour to acknowledge your letter of the 13th of March, covering letter addressed to the British Medical Association.

This shall be laid before the Council of the British Medical Association at its meeting on the 23d of April next.

I am, yours faithfully,

(Signed) GUY ELLISTON,
Financial Secretary and Business Manager.

The committee asks to be continued, or that a new committee be constituted, to complete its task and that the House of Delegates empower it to arrange for such a joint session, should this be desirable, it being definitely understood that in the interim between meetings of the House of Delegates the committee shall act in cooperation with and under the sanction of the Board of Trustees.

Respectfully submitted,

W. W. GRANT,
E. J. GOODWIN,
THOMAS W. HUNTINGTON,
GEORGE H. SIMMONS,

It was moved that the report of the Committee be received, and that the Committee be continued.

Motion seconded and carried.

Dr. Goodwin called attention to the fact that it would be necessary to add another member to this joint committee to fill the place of Dr. Bristow.

The President stated that his successor would make this appointment.

Dr. G. Wythe Cook, District of Columbia, presented the following amendment to Section 4, Chapter 1, of the By-Laws by reading the following communication:

The following resolution was unanimously adopted by the Medical Society of the District of Columbia at a meeting held April 30, 1913:

WHEREAS, The American Medical Association June 4, 1912, adopted the following as Section 4, Chapter 1, of its By-Laws:

EFFECT ON MEMBERSHIP OF REMOVAL TO ANOTHER STATE.—A member who changes the location at which he practices medicine from the state through whose constituent association he holds membership in the American Medical Association to another state in which there is a constituent association, is eligible to membership in the component society of his new location upon the presentation of a transfer card and an official statement that his dues have been paid in full in the society in which he holds membership. He shall forfeit his membership in the American Medical Association one year after such change of location, unless he becomes a member of the constituent association of the state to which he has moved. Provided, however, that if the component society into whose territory such member has moved shall refuse him membership, the member shall be privileged to appeal to the Judicial Council of the Association to determine whether or not he be guilty of any act that warrants the enforcement of the provisions of this section. Pending the decision of such appeal, he shall retain his membership in the American Medical Association through his original state association: And provided, further, that the term "the practice of medicine" throughout these by-laws shall be held to mean the offering of service or counsel for the relief of those suffering from abnormal physical or mental conditions.

Be It Resolved, That the Medical Society of the District of Columbia is opposed to the foregoing section, because (1) its language is vague and ambiguous; and (2) each constituent association should, for obvious reasons, have full, absolute and unrestricted control over the admission of applicants to its own membership, without any authority, jurisdiction or power of interference in the matter on the part of the American Medical Association, or its Judicial Council; Therefore, be it

Resolved, That the Delegate of this Society to the American Medical Association is instructed to offer and promote the adoption of some such substitute as the following for the foregoing Section 4, Chapter 1, of the By-Laws:

REMOVAL OF MEMBERS.—A member of a constituent association removing from the jurisdiction thereof may remain eligible for membership in the American Medical Association for a period of eighteen months following such removal, after which such eligibility shall cease, unless or until it is reestablished by his becoming a member of the constituent association of the jurisdiction in which he is then located.

On motion, duly seconded, the amendment was referred to the Reference Committee on Constitution and By-Laws.

Dr. Randolph Winslow, Maryland, presented the following communication, which was referred to the Board of Trustees:

HOME FOR WIDOWS AND ORPHANS OF PHYSICIANS, INCORPORATED
1615 BOLTON ST.,

BALTIMORE, June 1, 1913.

To the American Medical Association:

A year ago, at the meeting held at Atlantic City, we presented to your honorable body a proposal to turn over to it the property and franchises of our Home. We were then told that the proposal was received with applause, but that it was handicapped by being connected with a project for a tuberculosis sanatorium, which caused action on it to be delayed.

We, therefore, wish now—under more favorable auspices we hope—to renew our proposal. The property in question consists of a large 3½ story dwelling, on a lot 20 by 132 feet, situated in the best residential section of Baltimore, and we own it in fee.

Our Home is chartered under the laws of Maryland and is designed to care for all destitute widows and orphans of reputable physicians who apply—without territorial limitation; i. e., its scope is already national. It is the only such institution, so far as we can learn, in the United States. We have had seven inmates so far, the last two having been taken out of the poor houses.

Our only object in seeking this affiliation with the American Medical Association is to provide for the permanence of our institution and the only conditions that we desire to impose in this transfer will be that the Home shall be located permanently in Baltimore, where it originated, and that our Board shall continue as its local managers. Should you accept our proposal, we promise to redouble our zeal in working for the interests of the home and we expect to continue to raise the amount necessary for its economical maintenance.

Yours respectfully,

MRS. EUGENE F. CORDELL,
President.
MRS. SALVATORE DEMARCO,
MRS. JOHANNES MATTERN,
Secretaries.
MRS. J. F. H. GORSUCH,
MRS. LOUIS A. GRIFFITH,
Vice-Presidents.
DR. EUGENE F. CORDELL,
Treasurer.

Dr. H. D. Arnold, Massachusetts, offered the following amendment:

To amend Rule 1 for the guidance of the Committee on Credentials, as amended June 16, 1913, by the addition of the following clause at the end of the Rule:

"The constituent associations shall designate an alternate for each delegate, who may take the place of the delegate when authorized to do so by said delegate in writing. In the absence of such authority any alternate who has been duly chosen by the constituent association may be seated in place of any delegate who is unable to attend, providing he presents proper authority from the President or Secretary of said Society."

It was moved that this be referred to the Reference Committee on Rules and Order of Business.

Motion seconded and carried.

Dr. Dwight H. Murray, New York, proposed the following amendment to Chapter IX, by adding Section 12, as follows:

"All resolutions passed by the House of Delegates, not referred to a Committee of the House of Delegates during its session, shall go to a Committee composed of the President, the Chairman of the Board of Trustees and the Chairmen of the other four standing committees of the House of Delegates.

"All such resolutions shall be void unless approved by a majority of said Committee."

It was moved that this amendment be referred to the Reference Committee on Amendments to Constitutions and By-Laws.

Motion seconded and carried.

Dr. Dwight H. Murray, New York, moved that the discussion in a committee of the whole of the advisability of amending the By-Laws so as to provide a speaker for the House of Delegates be set down for the special time of 2 o'clock on Wednesday, as recommended by the Judicial Council.

Motion seconded and carried.

Dr. Abraham Jacobi expressed his appreciation of the kindnesses he had received at the hands of the members of the House of Delegates.

Dr. George W. Guthrie, Pennsylvania, proposed that the House of Delegates express its appreciation of the services Dr. Jacobi has rendered to the Association as its President by a rising vote.

A most enthusiastic ovation was given to Dr. Jacobi, which was closed by the members of the House forming in line and personally paying a tribute of respect to him, immediately after the House had adjourned.

Third Meeting—Tuesday Afternoon, June 17

The House of Delegates met at 2 p. m., and was called to order by the President, Dr. John A. Witherspoon, Nashville, Tenn.

In assuming the Chair, President Witherspoon said:

"In presiding over this body, I wish to say that I have not had very much experience in these matters, and I come with two conditions, one of which is great enthusiasm for the best interests of this great organization, and the other is an intense desire to see that everybody has a perfectly fair show. I shall not make a speech, but simply say that any error I may make will be of the head and not of the heart."

Dr. D. Chester Brown, Connecticut, Chairman, made a supplementary report for the Committee on Credentials, and asked that action be deferred on it until the report of the Reference Committee on Rules and Order of Business was presented, which request was granted.

Dr. A. B. Cooke, Tennessee, moved that the report of the Reference Committee on Rules and Order of Business be called at this time.

Motion seconded and carried.

Dr. Theodore B. Appel, Pennsylvania, Chairman, presented the report of the Reference Committee on Rules and Order of Business, as follows:

Report of Committee on Rules and Order of Business

Your Committee on Rules and Order of Business, after consideration of the resolution presented by Dr. H. D. Arnold, amending Standing Rule No. 1, for the Guidance of the Committee on Credentials, recommends the adoption of the following modification of the aforesaid resolution:

Be it resolved, That Rule No. 1, as amended June 16, 1913, be amended by the addition of the following clauses at the end of the rule:

"The Constituent Associations shall designate an alternate for each delegate, who may take the place of the delegate when authorized to do so by said delegate in writing. In the absence of such authority, any alternate who has been duly chosen by the Constituent Association may be seated in place of any delegate who is unable to attend, provided he presents proper official authority from said Association."

JOHN O. POLAK,
HUBERT A. ROYSTER,
EDGAR H. HINES,
M. N. VOLDENG,
THEODORE B. APPEL, Chairman.

Dr. Wendell C. Phillips, New York, moved that the report be adopted.

Motion seconded and carried.

It was then moved that the report of the Committee on Credentials be adopted.

Motion seconded and carried.

The Secretary announced that a quorum was present.

The minutes of the previous meeting were read and approved.

Report of Reference Committee on Medical Education

Dr. Henry L. Elsner, New York, Chairman, presented the Report of the Reference Committee on Medical Education, as follows:

To the House of Delegates of the American Medical Association:

Your Committee, to which was referred the report of the Council on Medical Education, reports as follows:

The faithful and monumental work which has been done by the Council on Medical Education during the period of its existence has exerted an influence which has lifted American medicine to a higher plane than ever before; no single factor has been so potent in improving our methods of education.

Your Committee appreciates and commends the efforts of the Council on Medical Education and would express the gratitude of the entire medical profession.

This report would be incomplete and unjust if it failed to mention the splendid service of the Secretary of the Council on Medical Education, Dr. N. P. Colwell, who has devoted himself untiringly and enthusiastically to the work, which because of his assistance has been eminently constructive.

Since the publication of the standard four-year high-school course fixed as the prerequisite for the work of the proposed preliminary college year, the Council has learned that a slight modification has been found essential. Owing to the fact that in certain sections of the country few high schools give to the same student courses in both Latin and a modern language, to prevent what would be an unnecessary hardship your Committee, at the suggestion of the Council, recommends that the number of required units of high-school work be reduced from nine to seven and that the student be permitted to offer two units of either Latin or French or German among the seven required units.

We are especially encouraged by the earnestness of those in charge of the Southern Medical College, and congratulate them on the success of their recent efforts to advance medical education.

Your Committee believes, after a study of the data offered by the Council, that the decrease in the number of medical colleges is not detrimental and has in no measure lessened the opportunities for the study of medicine.

The medical student is still privileged to enter on the study of medicine at a cost within his means, but in higher-grade colleges.

We note with satisfaction that twelve state licensing boards have taken action adopting one or two years of higher preliminary requirements in advance of a four-year high school course; and that twenty-four state boards have withdrawn recognition from a large number of low-grade medical schools of the Class C type. The support of the state licensing boards is so important to the cause of medical education that we hope and believe that other states will soon take similar action.

The Committee believes that the Council should be encouraged in its preliminary investigation of the hospitals throughout the country, and is already convinced by the data submitted that sufficient opportunities are available to supply internships for all medical graduates. The Committee believes that the voluntary seeking of hospital appointments by the large majority of recent medical graduates is most encouraging and argues in favor of a stronger and a better profession. It further believes that the addition to our present curriculum of a year of such service would not be a hardship to the medical student, but a decided advantage to both the medical profession and to the public.

Your Committee recommends that the House of Delegates request the Council on Medical Education to report at the next annual meeting on the feasibility of requiring for the degree of Doctor of Medicine this additional hospital year of the students entering with the fall of 1915.

There is a growing demand in our country for proficient health officers, and the Committee is convinced that the education of their men deserves this careful consideration of the Council on Medical Education in connection with an added year of preparation, and would suggest that the Council investigate this subject and report at the next annual meeting of the House of Delegates.

It further appears to your Committee that postgraduate courses of study might with profit demand the attention of the Council on Medical Education, and it therefore suggests that a report be submitted to the House of Delegates at its next annual meeting dealing with such instruction.

Respectfully submitted,

HENRY L. ELSNER, Chairman.
HORACE D. ARNOLD,
WALTER A. JAYNE,
V. G. VECKI,
A. C. COTTON.

Dr. Wendell C. Phillips, New York, moved that the report be adopted.

Motion seconded and carried.

Report of Committee on National Department of Health

The President called for the Report of the Committee on National Department of Health, Dr. John B. Murphy, Illinois, Chairman.

At the request of the Chairman, a member of the Committee, Dr. William A. Evans, Illinois, read the report, as follows:

Four meetings of the Committee on National Health Organization have been called during the year. At the first of these meetings, called in Chicago, but three members were present. One meeting was held in Washington, in conjunction with representatives of the Committee of One Hundred, American Association for the Advancement of Science; another meeting was held in Philadelphia, in conjunction with the Council on Health and Public Instruction, and a third meeting was held in Washington, in conjunction with the same Council. The Committee has, however, been as active as circumstances would

permit in the entire period that has elapsed since the last meeting of the Association.

In no inconsiderable part, through the active efforts of the Committee, or, one might say, of one of the members of the Committee, Dr. Evans, more or less satisfactory "health planks" were inserted in the recent platforms in each of the great political parties, and the planks that were inserted in the platform of the successful party was by far the strongest and most satisfactory of all that have at any time been inserted in any platform.

The efforts of your Committee have been devoted toward two ends: first, the creation of a Committee on Public Health, in the House of Representatives; second, the establishment of a Department of Health.

The establishment of a Committee on Health in the House of Representatives is looked on not only as according due recognition in the national legislature to the most important of all subjects with which any government ever has to deal, but also as being a very important step toward obtaining in the House favorable consideration of legislation looking toward the proper organization of the now scattered and incomplete federal health services. Your Committee had every reason to expect that in the recent organization of the Committees of the House of Representatives, provision would be made for a Committee on Health and regrets to report that no such action was taken.

With the expiration of the Sixty-Second Congress, March 4, last, the bill commonly known as the Owen bill, and officially entitled as reported, "A Bill to Establish an Independent Public Health Service, and for Other Purposes," S. 1, which had been favorably reported by the Senate Committee on Public Health and National Quarantine, died. Taking the advantage of experience in efforts looking toward the enactment of that bill, a new bill had been drafted, and was introduced by Senator Owen into the Sixty-Third Congress, being Senate Bill No. 1, entitled, "A Bill to Establish a Department of Health, and for Other Purposes." There has been, of course, no possibility of procuring action on that bill during the current special session.

Representatives of this Committee visited the American Institute of Homeopathy at its Pittsburgh, Pa., meeting and explained to it the movement for a national Department of Health. As soon as this explanation was made, the institute endorsed the measure by formal vote. This convinces the Committee of two truths. First, it is wise for the American Medical Association each year to send representatives to organizations working along lines similar to ours to explain to them all actions of our organization in which they may be interested and to invite similar organizations to send representatives to our meetings for a similar purpose. This conclusion is not within our province, but we offer it to you gratuitously as a suggestion out of last year's conference.

The second conviction is germane. If our homeopathic friends have been misled by representations made to them, it is certain that members of Congress have also been misled. If an explanation of the bill cleared up those misstatements and caused them to indorse a national Department of Health, it seems probable that proper explanations made to misinformed members of Congress would cause them to favor a department, when this bill becomes active in the House or Senate, or both. This Committee strongly advises that suitable representation be maintained at Washington for the purpose of correcting the false statements made by the opposition. We suggest that steps be taken to enter into a working agreement among the organizations interested in human welfare to bear jointly the expense of maintaining this representation. Such organizations as the National Chamber of Commerce, the National Association of Manufacturers, the National Federation of Labor, the National Educational Association, the National Federation of Women's Clubs, the American Association of Life-Insurance Presidents, the National Association of Charities and Correction, the Committee of One Hundred, the American Institute of Homeopathy, the National Eclectic Medical Association and the National Dental Association and all other interested agencies should be invited into this cooperation.

The enactment of this bill represents the objective point toward which all of the energies of the Association should be directed, if the Association is going to live up to the ideals which it has heretofore set. If, however, the Association is going to play an effective part in the enactment of progressive health legislation, it must do something more than "hurrah" during the annual meetings of the Association. The creation of a Committee on National Health Organization, with instructions to do what it can to procure the enactment of legislation designed to increase the efficiency and economy of federal public health administration, and specifically to bring about the coordination and consolidation of existing federal public health services in a department of health is nothing so long as that Committee is not provided with means wherewith to do its work. Yet all efforts to obtain funds wherewith to carry on its work that have been made by the Committee appointed at the last meeting of the Association have failed.

An appeal was made to the Board of Trustees for an appropriation for that purpose, but the Board of Trustees refused to make any such appropriation on the ground, it is stated, that the appropriation should come from the Council on Health and Public Instruction. It is to be noted, however, that on the very day the Board of Trustees refused to make an appropriation for the expenses of the Committee on National Health Organization, the estimates of the Council on Health and Public Instruction were before the Board of Trustees and those estimates included no provision for the expenses of the Committee on National Health Organization. And yet the Board of Trustees when it rejected the estimates of the Committee on National Health Organization, and referred it for funds to the Council on Health and Public Instruction, did not increase the appropriation made for the Council on Health and Public Instruction so as to enable it to make an appropriation for the needs of the Committee.

It should be distinctly understood that if the Committee is to promote actively the reorganization of our federal health service, it will be necessary to have some one who can make it his business to gather the necessary facts in support of such legislation, and to put those facts into the hands of the men who must pass on any measure of this kind before it becomes a law. The arguments that are being advanced against any coordination and consolidation of the various public health services so as to increase their efficiency and economy must be discovered and met in a proper manner. The Association has not the right to ask any one of its members to do this work for the Association at so great a personal sacrifice as would be necessary to make the work effective. Whether one engaged in such work be or be not called a lobbyist, is immaterial. The name has come to have a certain stigma attached to it because of improper methods sometimes used, but if any representative of the Association do this altruistic work in a proper manner, on behalf of the Association, he would be a poor representative, and this would be a poor Association, if it were frightened at the bugaboo of a word.

For several years the public, and particularly the members of the national legislature, have been persistently misinformed about this measure. It has been said that it was a measure concocted by and for the advantage of the American Medical Association and its members, that it was intended as a measure to regulate the practice of medicine, that under it only one school of medicine would be allowed to practice, that it means state medicine, that it would invade homes and destroy individual liberty and would do scores of other wild and impossible things—statements known to the informed to be foolish and awfully foreboding to those obsessed with fear, and creating timidity on the part of those whose minds are engrossed with other things. These falsehoods and misrepresentations have been widely accepted because there was no agency to combat them. Emboldened by the supineness of the American Medical Association, these groups are opposing laws for the public health and the administrative activities of health departments, state and municipal. They are fast demonstrating that they are enemies of the common weal, but there is no agency to combat either their false statements or their pernicious activities against the public health. Unfortunately for the people of this country, a majority of your Board of Trustees has refused to appropriate money to support representatives at Washington to correct these misstatements; where the Board has made appropriation, it has been held up by one member for years opposed to the activity of the Association in this matter.

The maintenance of representation at the seat of government is necessary, if this legislation is to pass. It is the method made use of by the national association for labor legislation in passing the phosphorus bill and other humanitarian legislation, by the National Federation of Labor and by commercial, philanthropic and sociologic organizations in securing legislation universally considered to be right and proper.

In so far as relates to the relation that exists or should exist between this Committee and the Council on Health and Public Instruction, your Committee begs to call your attention to the fact that the work of the Council on Health and Public Instruction has been understood to be the study of existing

V. 191

legislation in a critical way, so as to enable the Council to advise those who are in search of certain information as to what legislation has been enacted and with what results and as to what legislation the Council would recommend elsewhere. It has never been understood to be the function of the Council on Health and Public Instruction to do anything more than this (whatsoever) to promote the enactment of legislation and, so far as is known, the Council has never taken any such action. This Committee, on the other hand, was definitely created, it is understood, for the purpose of promoting legislation toward the accomplishment of a particular end; and to make the Committee an adjunct to the Council on Health and Public Instruction, as the Board of Trustees has undertaken to do, is to confuse the purposes for which the two bodies were created.

The undersigned deemed it a mistake to have had the trustees place this matter in the hands of the present Council on Health and Public Instruction and to have placed this Committee under their leadership.

We will assume that these gentlemen are honest to their convictions. They are men of the highest character and the loftiest motives. They are so profoundly impressed with the justice of their cause that they cannot understand why it needs to be explained to or argued with members of Congress according to the prevailing custom.

Great principles are established, great fights are won by earnest men intent on victory and refusing to be put aside. With profound respect for these gentlemen, they have not brought to this project any such qualities. They have always seemed timid, able to discover defect, able to see obstacles, conservative, judicial, careful of every interest whose rights might be thought to be invaded. They have shown themselves entirely without the capacity for aggressive leadership necessary to win this fight.

We, the undersigned, cannot see any virtue in pretending to be for a Department of Health directly and then covertly attempting to get it by an expansion of the great Public Health Service. It is the judgment of the undersigned that the American Medical Association should either discontinue the Committee or else give it funds, and the freedom to develop its own leadership.

It is the judgment of the undersigned that, pursuing the plan followed for several years past, there will never be a national Department of Health. The fault lies not with the House of Delegates. They have always endorsed it unanimously. The fault lies in trying to accomplish an end with machinery unsuited to the purpose, and manned by men out of sympathy with the proved and accepted methods for getting results with legislative bodies.

We, the undersigned, recommend that the American Medical Association either withdraw its support from the bill for a national Department of Health, or that it compel greater activity by its agents.

The present type of activity is a hindrance to the bill, a harm to the health cause, and detrimental to the medical profession.

For reasons stated, it is recommended that the House of Delegates definitely determine the status of this Committee and instruct the Board of Trustees and the Council on Health and Public Instruction accordingly. The Committee recommends that the House of Delegates again declare its adherence to the movements now under way looking toward the consolidation and coordination of our federal Public Health Service into a Department of Health; that it instruct the President, the Secretary, the Treasurer, the Manager and Editor, and all other officers of the Association, the Board of Trustees, and all Councils and Committees of the Association, to do whatever may lie within their power and within the power of each of them looking toward the enactment of legislation toward the end named; and that the Committee on National Health Organization be continued.

J. B. MURPHY,
J. N. HURTY,
W. C. WOODWARD,
W. A. EVANS.

Dr. George H. Kress, California, moved that the report be referred to the Reference Committee on Legislation and Political Action.

Motion seconded and carried.

Report of Reference Committee on Reports of Officers

Dr. Donald Campbell, Montana, presented the report of the Reference Committee on Reports of Officers, as follows:

We, the Committee, beg leave to present to the House of Delegates the following recommendations:

PRESIDENT'S REPORT

The first recommendation in the President's report is that the Secretary of Sections be elected for a term longer than one year, and that the continuance in office of such secretaries for long periods of time will add to the value of the sections and the importance of the Association. No change in the By-Laws is necessary to accomplish this desirable end.

Section 2, Chapter XI, of the present By-Laws, provides that all section officers are elected for one year. Each section may elect its secretary to serve a longer time at its discretion. This reference is very timely and we note that the trustees in their report made the same suggestion. We recommend that the House of Delegates place itself on record as being in favor of the election of secretaries of sections for a longer term than one year, and that the Secretary of the Association be requested to notify the several sections that the House of Delegates recommends to the several sections that the Secretary of the Sections be elected for a term of not less than three years.

And, further, to carry this into effect, in the first five sections, those on the Practice of Medicine; Surgery; Obstetrics, Gynecology and Abdominal Surgery; Ophthalmology, and Laryngology, Otology and Rhinology, the Secretary shall be elected for a term of three years at the annual election. The next five sections, on Diseases of Children; Pharmacology and Therapeutics; Pathology and Physiology; Stomatology, and Nervous and Mental Diseases, should be asked to elect their secretaries this year for a term of two years and thereafter for a term of three years, and the last five sections, on Dermatology; Preventive Medicine and Public Health; Genito-Urinary Diseases; Hospitals and Orthopedic Surgery, to elect their secretaries this year for one year and thereafter for a term of three years.

The desirability of ample time for discussion of the many important measures brought before the House of Delegates is a strong argument in favor of extra days in which the delegates may meet and also give them more time to attend the scientific sessions. Objections to lengthening the sessions are many, but the Committee would like to suggest that a partial solution of this problem might be to hold evening sessions of the House of Delegates, with the exception of the night when the President's reception is held. This would, of course, interfere with some of the social functions, but while the social functions are most delightful, there is an old saying, "business before pleasure."

The Committee would suggest the trial of this plan before attempting to lengthen the sessions.

In regard to the recommendations that the President should be an ex-officio member of the trustees, standing committees, councils, etc., the Committee suggests that the Secretary of the Association be requested to invite the President to all such meetings.

TRUSTEES' REPORT

The Reference Committee is gratified to report to this House that the Report of the Board of Trustees submitted at this annual session evidences satisfactory conditions of the business activity of this Association.

REPORT OF THE JUDICIAL COUNCIL

We endorse the recommendation of the Judicial Council relative to a speaker of the House of Delegates and are gratified to note that the House of Delegates has already appointed an hour when it will sit as a Committee of the Whole for the discussion of this question.

We recommend that the other delegates express their appreciation of the investigation made by the Judicial Council of the secret division of fees and of contract practice and recommend the adoption of the resolutions proposed by the Judicial Council, namely:

Resolved, That any member of the American Medical Association found guilty of secret fee-splitting or of giving, or receiving commissions, shall cease to be a member of the American Medical Association.

Resolved, That the House of Delegates of the American Medical Association recommends to each constituent body that it endeavor through the action of its various county societies to reform the various abuses of lodge practice in their separate communities in order that the lodges may give an adequate service to its members and an honorable remuneration to the medical men.

The Reference Committee urges the House to bring the work of the Committee on Red Cross Medical Work to the attention of the entire membership of the organization and to urge cooperation of all in this practical method of relieving distress in times of calamities.

Dr. A. B. Cooke, Tennessee, moved that the report be adopted.

Motion seconded.

Dr. H. D. Arnold, Massachusetts, moved as an amendment that the report be taken up seriatim.

The amendment was seconded, accepted, and the original motion as amended was carried.

Dr. Campbell read the section relating to the President's report.

Dr. Hubert Work, Colorado, moved as a substitute for that part of the report of the Reference Committee on Reports of Officers relative to providing for the House of Delegates holding its meetings at hours that do not conflict with the time occupied by the scientific program, namely, that the House shall convene on Monday of the week of the annual session, and that the scientific program shall begin on Wednesday instead of Tuesday, and that in order to carry this into effect, Section 1, Chapter V, of the By-Laws, shall be amended by inserting the word "second" before the words "day preceding the opening of," so that the section shall read: "The House of Delegates shall meet annually on the second day preceding the opening of, and at the same place as, the annual session of the Association."

On motion, duly seconded and carried, no action was taken on this section of the report and the proposed substitute was referred to the Reference Committee on Amendments to the Constitution and By-Laws.

Dr. Seale Harris, Alabama, introduced the following, which, on motion, duly seconded, was referred to the Reference Committee on Constitution and By-Laws:

Resolved, That Section 1, Chapter V, be amended to read that "the House of Delegates shall meet for the transaction of business on the Saturday and Monday preceding the opening of the annual session of the scientific branch of the Association."

A session of the House of Delegates shall also be held on the morning of Thursday of the week of the scientific assembly, at which time officers of the Association shall be elected and the business of the Association completed; provided, however, that at any annual session the House of Delegates, by a two-thirds vote, may direct that the subsequent annual session shall be held at some time and place other than that at which the scientific assembly convenes.

The section relating to the Report of the Secretary was read. It was moved that this section be adopted. Motion seconded and carried. The section pertaining to the Report of the Board of Trustees was read. It was moved that this section be adopted. Motion seconded and carried. The section relating to the report of the Judicial Council was read. It was moved that this section be adopted. Motion seconded.

Dr. Robert M. Funkhouser, Missouri, moved that this Association disapproves of members of the American Medical Association receiving commissions from instrument houses or houses dealing in medical supplies, and any member so receiving rebates or commissions shall be dropped from this Association.

Seconded.

Dr. H. D. Arnold, Massachusetts, moved to amend that this matter be referred to the Reference Committee on Constitution and By-Laws with instructions to report, such changes in the Constitution and By-Laws as will make the recommendation effective. The amendment was accepted.

The original motion as amended was put and carried.

The section relating to Red Cross medical work was read.

It was moved that this section be adopted.

Motion seconded and carried.

Dr. D. Chester Brown, Connecticut, Chairman, presented a supplementary report for the Commitee on Credentials in reference to the seating of Dr. A. Augustus O'Neill, Illinois.

Dr. A. M. Harvey, Illinois, stated that Dr. Robison is a regularly elected delegate from Illinois, but at present is in Europe. Dr. O'Neill is a regularly elected alternate at large from the state of Illinois. He, therefore, moved that Dr. O'Neill be seated in the House of Delegates.

Motion seconded.

It was moved that the rules be suspended in order that the House might act on this case.

Motion seconded and carried.

Dr. A. M. Harvey, Illinois, thereupon moved that Dr. O'Neill be seated in the House of Delegates.

Motion seconded and carried.

Dr. E. J. Goodwin, Missouri, Chairman, presented the report of the Reference Committee on Legislation and Political Action. It was moved that the report be recommitted.

Motion seconded and carried.

Report of the Reference Committee on Miscellaneous Business

Dr. C. R. Woodson, Missouri, Chairman, presented the report of the Reference Committee on Miscellaneous Business, as follows:

Your Committee recommends that the Medical Society of the District of Columbia be recognized as the legitimate successor of the Medical Association of the District of Columbia, and as such, entitled to membership and representation in this Association with all the rights and privileges of its other constituent bodies.

Referring to the report of the Committee to Arrange for Clinic Days, your Committee recommends that the resolution and recommendation be referred to the Board of Trustees with instructions to report at this or the next annual session, as to the advisability of such additional days to the scientific sessions, as will make such clinic practicable, and that the present Committee to Arrange for Clinic Days be continued until the next annual session.

Referring to the report of the Committee on the Mode of Commemorating the Completion of the Panama Canal, your Committee recommends its reference to the Board of Trustees, with approval.

C. R. WOODSON, Chairman,
A. T. MCCORMACK,
LOUIS J. HIRSCHMAN.

This report was considered section by section, and then adopted as a whole.

Report of the Reference Committee on Amendments to the Constitution and By-Laws

Dr. Floyd M. Crandall, New York, presented the report of the Reference Committee on Amendments to the Constitution and By-Laws.

On motion duly seconded and carried the report was received. It was then moved and seconded and carried that the report be considered section by section. The report as as follows; the action taken on each section is entered in parentheses immediately after the section acted on:

The Reference Committee on Amendments to the Constitution and By-Laws reports that it recommends the adoption of the substitute for the amendment to Article 3 of the Constitution proposed by the Judicial Council.

The membership of this Association shall consist of (such members of the Constituent Associations and of such medical officers of the Army, of the Navy and of the U. S. Public Health Service, as shall make application in accordance with the By-Laws hereinafter provided) the members in good standing in its constituent state and territorial associations.

There shall be conducted by the American Medical Association a scientific session in which all members of the Association who qualify as hereinafter provided in the By-Laws as Fellows of the American Medical Association shall be privileged to participate.

[Adopted.]

It recommends that the Amendment to Article 10, Section 2, namely, that there be added to the section the words "and the President, Secretary and Editor of THE JOURNAL shall be members of the Board of Trustees without the right to vote" be not adopted.

[Concurred in.]

It further recommends the adoption of the By-Laws as proposed in the report of the Judicial Council.

On several motions, duly seconded and carried, each section was adopted after correcting a misprint in Section 4, Chapter I, of the By-Laws as they appear in the report, so that the word "members" was changed to "fellows" in the sentence reading, after correction "These fellows shall not be required to become personal subscribers to THE JOURNAL of the American Medical Association."

The Committee recommends that the amendment to the By-Laws, Section 4, Chapter I, proposed by the representative of the District of Columbia, be not adopted.

[Concurred in.]

The Committee reported that the amendment to the By-Laws, proposed by Dr. Dwight H. Murray, relative to the introduction of new business at a time when there is no opportunity for seriously considering the subject presented, was already provided for in the By-Laws.

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1913

(Dr. Murray asked permission to withdraw the amendment as he had learned of the provision existing to accomplish the purpose desired subsequent to having offered the amendment. The permission was granted.)

The Committee recommends the adoption of the amendment to Section 12, Chapter XI, of the By-Laws, proposed by the Board of Trustees, namely, that the word "thirty" be substituted for the word "forty." (On motion duly seconded this was carried.)

The Committee further recommends the adoption of the amendment to Section 5, Chapter XI, of the By-Laws, proposed by the Board of Trustees, namely, that the last sentence of this section be changed by inserting in parentheses, after the word "committee," "as constituted at the close of the annual session," and changing "the" to "this." The sentence would then read: "This committee (as constituted at the close of the annual session) shall examine and pass on all papers read before the section, and shall endorse for publication only those that are of scientific or of practical value, and which will reflect credit on the section before which they were read."

(Upon motion duly seconded, this was carried.)

Report of the Reference Committee on Sections and Section Work

Dr. Thomas A. Woodruff, Illinois, Chairman, presented the report of the Reference Committee on Sections and Section Work, as follows:

WHEREAS, A petition signed by 250 prominent members of the American Medical Association, who are also members of the American Gastro-Enterologic Society and of the American Proctologic Society, requests the formation of a new section to be known as "the Section on Gastro-Enterology and Proctology," we recommend the formation of a Section to be entitled the "Gastro-Enterologic and Proctologic Section of the American Medical Association," under the following conditions:

First: That the American Gastro-Enterologic Society and the American Proctologic Society be disbanded and hold their meetings jointly as a Section of the American Medical Association to be designated as above;

Second: We also recommend that the number of papers to be read at any annual session be limited to fifteen.

THOMAS A. WOODRUFF,
WILLIAM LE MOYNE WILLS,
S. W. S. TOMS,
ROCK SLEYSTER.

It was moved that the report be adopted.

Motion seconded and carried.

Dr. Alexander Lambert, Chairman of the Judicial Council, reported that the following letter introduced by title by the President of the Association in his address was referred to the Judicial Council for consideration and report:

MAY 17, 1913.

ABRAHAM JACOBI, *President,*
American Medical Association,

My Dear Doctor:—In 1908 the undersigned were appointed a Committee by the American Institute of Homeopathy to present to the American Medical Association on behalf of the homeopathic profession of the United States a proposition for a *joint* investigation of the scientific merits of the method of drug selection expressed by the formula, *similia similibus curantur.*

The committee has presented the matter to individual members of the House of Delegates, but we believe the matter has never been regularly presented to the House or to the Association itself, as a whole. We request that you bring the matter up for consideration and early action by both. For the following reasons it seems to us a subject worthy of your serious thought.

This rule has governed the selection of drugs in the treatment of disease by a considerable number of medical practitioners for over a century. We feel that the time has come when this formula should be brought before the whole medical profession, carefully investigated by modern scientific methods and a determination of the exact value of this method in the practice of medicine made. We seek this—

First, because the voluntary testimony of a large number of physicians who do not understand the correct application of this method indicates their desire to make use of it.

Secondly, because a large number of men who attempt its use ought to be able to get a better understanding of its true significance.

Thirdly, because we believe a large majority of the medical profession would have their usefulness and their power to benefit the sick largely enhanced by a thorough knowledge of this method.

Fourthly, because we believe that suffering is lessened and sickness more speedily and comfortably terminated through drugs administered according to the rule of similars.

Fifthly, because we feel that a careful investigation of this subject belongs to the whole medical profession and not to any single branch of it.

Sixthly, we feel that such research regarding the formula of similars is desirable, because the exactness of modern science with the present means of investigation, together with the accurate observation of the subjective as well as the objective symptoms, make it expedient to investigate the action of many drugs coming into use at the present time, as well as to reexamine those long proved.

The Judicial Council recommends that the House of Delegates direct the Secretary to acknowledge the receipt of the communication of the Committee of the American Institute of Homeopathy, constituted in 1908, and that this Committee be asked to advise this body as to whether or not it is still authorized to act for the American Institute of Homeopathy, and with what power it is vested. Further, if the Committee wishes to renew the request for cooperation in determining proof, the American Medical Association will be pleased to receive a definite scientific proposition submitted over the individual signatures of the committee.

It was moved that the report of the Judicial Council be adopted.

Motion seconded and carried.

Dr. A. M. Corwin, Illinois, offered the following resolution:

WHEREAS, The American Medical Association annually attracts to its session a large number of the profession, including its leading scientific exponents; and

WHEREAS, The total membership of this growing Association is so great that but limited opportunity is afforded for the presentation of valuable papers; and

WHEREAS, Many of our ablest thinkers and workers find it increasingly difficult to obtain places on the scientific program; and

WHEREAS, It is evident from a perusal of the published program of the present meeting that many individuals are scheduled for at least two contributions each, either in the same or in separate sections;

Resolved, That this House of Delegates in the interest of greater fairness and of a wider distribution of the privileges and obligations to all, recommends that no member be allowed to appear for the reading of more than one paper at each session. Be it

Recommended, That Section 13, Chapter XI, of the By-Laws be changed to conform with these resolutions.

It was moved and seconded that the resolution be referred to the Reference Committee on Constitution and By-Laws.

Motion seconded and carried.

Dr. F. C. Warnshuis, Michigan, offered the following resolution:

WHEREAS, The official journals of the various state organizations are largely dependent on their advertising income for the maintenance of their publications; and

WHEREAS, The present tendency of the large business firms and corporations is to discourage the placement of advertising contracts with so-called "class publications"; and

WHEREAS, Several of the independent medical publications have made combinations for the securing of advertising contracts for the individual journal composing these combinations; and

WHEREAS, It is essential that our state journals be assisted in securing these needed advertising contracts, if they are to be expected to attain or maintain a high standard in the field of medical journalism; therefore, be it

Resolved, That the President of the House of Delegates be authorized to appoint a Committee of three members to be known as the Committee on Bureau of State Medical Journals.

Second. That this Committee be authorized to take the necessary steps to form a Bureau of State Journals for the purpose of securing advertising contracts.

Third. That this House of Delegates, through its Secretary and the Committee thus to be appointed, respectfully request the Board of Trustees of the American Medical Association to make such necessary early appropriation of funds for the purpose of financing the preliminary steps requisite for the formation and establishment on a working basis of such a bureau.

On motion of Dr. A. B. Cooke, Tennessee, duly seconded, this was referred to the Reference Committee on Miscellaneous Business.

Dr. Thomas S. Cullen, Maryland, presented the following resolution:

WHEREAS, The American Society for the Control of Cancer, a society composed of representatives of the medical profession and influential laymen, has been recently founded for the purpose of disseminating knowledge concerning the symptoms, diagnosis, treatment and prevention of cancer; to investigate the conditions under which cancer is found, and to compile statistics in regard thereto; therefore, be it

Resolved, That this movement deserves the cooperation of the medical profession of America, and that this Association heartily commends its worthy purpose.

It was moved that the resolution be adopted.

Motion seconded and carried.

Dr. Torald Sollmann, Ohio, Section on Pharmacology and Therapeutics, offered the following resolution:

WHEREAS, It has been repeatedly shown by the Council on Pharmacy and Chemistry, and by the Chemical Laboratory of the A. M. A., as well as by other investigators, that many drugs and preparations used in the treatment of disease are of unreliable composition, through carelessness, negligence, ignorance and other reasons; and

WHEREAS, This condition of affairs is against the interests of public health and the progress of the science of medicine; therefore it is evident that greater activity is needed in the enforcement of existing laws relating to drugs and medicines; therefore, be it

Resolved, That the Section on Pharmacology and Therapeutics requests the House of Delegates of the A. M. A. to bring this matter to the attention of the proper federal and state authorities, and urge on them the need for more energetic and effective action in this direction.

It was moved that the resolution be referred to the Reference Committee on Legislation and Political Action.

Motion seconded and carried.

Dr. Torald Sollmann, Ohio, delegate from the Section on Pharmacology and Therapeutics, presented the following resolution which, on motion, duly seconded, was referred to the Reference Committee on Miscellaneous Business:

WHEREAS, It is desirable that the articles officialized by the Pharmacopeia of the United States should reflect the progress of therapeutics; and

WHEREAS, Therefore the inclusion of articles in the Pharmacopeia now in progress of revision should be determined by their therapeutic merit; and

WHEREAS, The decision of therapeutic questions should logically and in fairness be left mainly to the medical members of the Revision Committee; therefore, be it

Resolved, That the section request the House of Delegates of the American Medical Association to urge on the Committee of Revision of the Pharmacopeia of the United States that the selection of articles to be included be left to the Committee on Scope, in which the medical profession has a majority representation, rather than to the Executive Committee, which represents mainly the pharmaceutical profession, and which has overriden half the changes advocated by the Committee on Scope.

It was moved that the resolution be referred to the Reference Committee on Miscellaneous Business.

Motion seconded and carried.

Fourth Meeting—Wednesday, June 18

The House of Delegates met at 2 p. m., and was called to order by the President.

The Secretary reported a quorum present.

Dr. D. Chester Brown, Connecticut, Chairman, presented a supplementary report from the Committee on Credentials, as follows:

The Committee reports that the secretary of one of the constituent state associations has telegraphed names of members of that state association, and directed that these be seated should the regularly elected delegates and alternates fail to register.

It will be noted that these men have not been reported in compliance with the standing rules, as having been elected either delegates or alternates. Consequently the Committee on Credentials has declined to seat them.

Dr. George H. Kress, California, moved that the report be adopted.

Motion seconded and carried.

The President announced that the special order set for this hour was that the House shall go into a committee of the whole to consider the question of the advisability of electing a speaker for the House of Delegates.

The House then resolved itself into a committee of the whole.

Later the Committee of the Whole rose and the House entered on its regular order of business.

The Secretary read the minutes of the previous meeting.

Dr. A. M. Corwin, Illinois, moved the adoption of the minutes.

Motion seconded.

Dr. H. D. Arnold, Massachusetts, arose for information and asked how many, and who of the Committee on National Department of Health had signed the report presented to the House of Delegates yesterday.

The Chair requested the Chairman of the Committee to reply

Dr. John B. Murphy, Illinois, replied that the report was signed by four members of the Committee, namely, W. C. Woodward, W. A. Evans, J. N. Hurty and John B. Murphy.

Dr. Arnold said there are nine members on the Committee, five of whom did not sign the report, namely, J. N. McCormack, S. G. Dixon, William H. Welch, Hermann M. Biggs and Henry P. Walcott; and moved as an amendment that the record be corrected so as to state this fact and to show that the report is in reality a minority report.

This motion was seconded by several delegates, accepted, and the original motion as amended was adopted.

Report of Reference Committee on Legislation and Political Action

Dr. E. J. Goodwin, Missouri, Chairman, presented the report of the Reference Committee on Legislation and Political Action, as follows:

Concerning the resolution introduced by Dr. Torald Sollmann, representing the Section on Pharmacology and Therapeutics, which was referred to this Committee, requesting that the House of Delegates bring the need of enforcing existing laws relating to drugs and medicines to the proper federal and state authorities, and to urge on them the need of more energetic and effective action, the committee approved the resolution and recommends its adoption, provided that any committees appointed shall be nominated by the constituent state associations, and the work shall be carried on under the jurisdiction and control of the several state associations, and that these committees shall report through the state associations.

The report of your Reference Committee on Legislation and Political Action, having been recommitted in order that the Committee might include in its deliberations the report of the Committee on National Health Regulations, now begs to submit its complete report in accordance with the instructions of the House of Delegates, as follows:

The report of the Committee on National Department of Health has been carefully considered. In order to make a comprehensive and intelligent report to the House of Delegates, your Committee entered into an analysis of the status of the Special Committee on National Department of Health, its origin and purposes, and its relation to the Council on Health and Public Instruction. The Committee was created at the St. Louis session in 1910 for the express purpose of drafting a bill for a national department of health. This Committee reported to the Los Angeles session and it was evidently considered that it had completed its task, as the Reference Committee on Legislation and Political Action recommended that the report be accepted and the Committee discharged and that further action in the matter be referred to the Council on Health and Public Instruction. Consideration of this recommendation was postponed to a later session of the House. Before further action could be taken by the House, unanimous consent was granted Dr. A. T. McCormack to introduce a resolution. This resolution pledged the support of the Association to the principles of the Owen bill and recommended the continuance of the Committee on National Department of Health and instructed that Committee to act with the Council on Health and Public Instruction. Under suspension of the rules, this resolution was adopted.

Chapter IX, Section 5, of the By-Laws defines the duties of the Council on Health and Public Instruction as follows: "The work of the Council shall embrace the following subjects: (*a*) Legislation, (*b*) Organization, (*c*) Public Instruction, (*d*) Defense of Medical Research, (*e*) Public Health."

From the foregoing it is clearly evident that there is a duplication of functions of the Council and of the Special Committee.

The first recommendation of the Committee on National Department of Health, to wit: That the American Medical Association each year send representatives to organizations working along similar lines to ours and explain to them all acts of our organization in which they might be interested and to notify similar organizations to send representatives to our meetings for similar purposes, is endorsed.

We do not concur in the recommendation of the Committee that the Association maintain a paid lobbyist at Washington.

We do not concur in the recommendation that representatives of this Association, independently or in conjunction with organizations of a purely commercial nature, as recommended by the Committee, cooperate for the purpose of maintaining a lobby at Washington.

On investigation we find that that part of the report stating that "all efforts to obtain funds to carry on its work have failed," is an error.

Investigation proves that $800 was requested by the Secretary of the Special Committee in January, 1913, and that the Council appropriated $1,000 in response to this request. Furthermore, we find that every bill presented by the Special Committee or its members has been paid by the Council. On questioning a member of the Committee present at the request of your Reference Committee, we learned that some members had not been reimbursed for some expenses because the bills had never been presented. We recommend that the Council request these members to present such bills and that they be paid.

That portion of the report which states that the Board of Trustees failed to make any appropriation on the ground that the appropriation should come through the Council having in charge all legislative matters under the By-Laws is correct, and the action of the Trustees is justified and is in accordance with the By-Laws and by the fact that the Board of Trustees did appropriate money to the Council for legislative purposes.

That portion of the report which states that due to the supineness of the American Medical Association the enemies of the National Department of Health are opposing laws for vital statistics and laws and ordinances on public health, and the administration of activities of health departments, state and municipal, and that there is no agency to combat their false statements, is not borne out by the facts because more laws bearing on vital statistics have been passed during the last six years through the efforts of the American Medical Association and its Council on Health and Public Instruction than had been passed in the preceding twenty-five years.

Concerning that portion of the report which says, "In so far as relates to the relation that exists, or should exist between this Committee and the Council on Health and Public Instruction your Committee begs to call your attention to the fact that the work of the Council on Health and Public Instruction has been understood to be the study of existing legislation in a critical way, so as to enable the Council to advise those who are in search of certain information as to what legislation has been enacted and with what results, and as to what legislation the Council would recommend elsewhere. It has never been understood to be the function of the Council on Health and Public Instruction to do anything more than this (whatsoever) to promote the enactment of legislation, and so far as is known the Council has never taken any such action"; your Reference Committee in refutation of this statement refers the House to the duties of the Council as defined by the By-Laws quoted previously in this report, and to reports of the Council as to the work that it has undertaken and accomplished.

That portion of the report which reads, "It is the judgment of the undersigned that pursuing the plans followed for several years past, there will never be a national department of health" is heartily concurred in by your Reference Committee.

We concur in that part of the report which reads, "The fault lies in trying to accomplish an end with machinery unsuited to the purpose"; but that portion of the report which refers to proved and accepted methods for getting results from legislative bodies, we do not concur in for the reason that there are no proved and accepted methods of getting results from legislative bodies.

That portion of the report which reads, "We, the undersigned, recommend that the American Medical Association either withdraw its support from the bill for a national department of health or that it compel greater activity by its agents. The present type of activity is both a hindrance to the bill and a harm to the health cause and detrimental to the medical profession" is a direct reflection on the Committee making the statement.

We do not concur with that part of the report which reads, "The undersigned deemed it a mistake to have had the Trustees place this matter in the hands of the present Council on Health and Public Instruction and to have placed this Committee under their leadership," for the reason that the resolution adopted by the House of Delegates at Los Angeles continuing the special committee, instructed it to work with the Council on Health and Public Instruction and for the further reason that the Council on Health and Public Instruction is the regularly organized channel through which this work can be most effectively accomplished.

That portion of the report which reads, "Great principles are established; great fights are won by earnest men intent on victory and refusing to be put aside. With profound respect for these gentlemen, they have not brought to this project any such qualities. They have always seemed timid, able to discover defects, able to see obstacles, conservative, judicial, careful of every interest whose rights might be thought to be invaded. They have shown themselves entirely without the capacity for aggressive leadership necessary to win this fight," we call to your attention and wish to congratulate the Association on having a Board of Trustees possessing the great qualities of mind and heart referred to in this paragraph while sympathizing with them in their apparent lack of capacity for aggressive leadership notwithstanding the possession of so many other commendable attributes.

Referring to that portion of the report which reads, "It is the judgment of the undersigned that the American Medical Association should either discontinue the Committee or else give it funds and the freedom of developing its own leadership," we most heartily concur with that portion of the recommendation which advises the discontinuance of the Committee.

We recommend that when a Committee on Health has been established in the House of Representatives, the Council appoint, by virtue of its authority, and in consultation with the President, such committee or committees as it may deem advisable to further the interests of national health legislation with the ultimate object of the establishment of a department of health.

Your Committee desires to call the attention of the House to the fact that the statement presented by Dr. Evans and referred to the Reference Committee on Legislation and Political Action is signed by the following members of the Committee: J. B. Murphy (by W. A. E.), J. N. Hurty, W. C. Woodward (by W. A. E.) and W. A. Evans, a minority of the Committee; the other members of the Committee are Hermann M. Biggs, H. P. Walcott, J. N. McCormack, S. G. Dixon and William H. Welch. Furthermore, the members who signed the report are referred to throughout as the "undersigned" and not as the Committee.

Your Reference Committee feels that this statement of a minority of the Committee is an unjust and unmerited reflection on the Board of Trustees and the Council on Health and Public Instruction, a reflection which one would hardly expect from a Special Committee charged with the duty of handling most delicate legislative problems.

Furthermore, your Committee feels that the work of the American Medical Association toward national health legislation should be directed to the enlightenment of the people and legislators on the necessities for a department of health, but should not be directed to members of Congress by paid lobbyists, which we conceive to be an improper method of accomplishing results. We are opposed to so-called lobbying in any manner whatsoever, and we believe that the Association should make it plain to the people that the American Medical Association will not spend one cent for the purpose of improperly influencing members of Congress.

In view of the foregoing your Committee believes that its original report should not be altered; on the contrary, it seems to us that the report of the Special Committee adds emphasis to the recommendation of your Reference Committee that the Special Committee on National Health Legislation be discontinued. That report reads as follows:

Your Committee, to whom was referred the Report of the Council on Health and Public Instruction, has carefully studied the contents of this report and has observed the recommendations contained therein. Not only have the recommendations of the Council been carefully considered, but we have reviewed in detail the reports and recommendations of the various subcommittees of the Council.

Your Committee finds that the work of the Council on Health and Public Instruction is rapidly extending along lines that will ultimately include a propaganda of instruction for the prevention of every preventable disease.

The Council has discovered avenues through which information may be disseminated that hitherto have been unknown or entirely closed to them.

As an instance, we will mention the changed attitude of the press toward the announcements from this Association; from an attitude of passive indifference, they have become active exponents of the recommendations of the Association. This is the result of the work of the press bureau of the Council. The Council has discovered that there are about sixty national organizations doing or attempting to do work for the protection of the public health. The Council has already taken steps toward correlating these forces and any others that may be discovered, to eliminate waste effort and establish concentrated and effective measures.

The reports of the subcommittees of the Council show a remarkable degree of energy in suggesting means and methods

of preventing and controlling disease and establishing laws, state and national, affecting the public health.

Your Committee first desires to congratulate the Association on the establishment of the Council on Health and Public Instruction and to commend the Council and its subcommittees for their untiring, intelligent and effective labors; for we are convinced that it has been largely through the work of the Council and its committees that the public has been awakened to a proper realization of the true intentions and purposes of the American Medical Association and its constituent bodies.

Your Committee believes that the work of the Council can be even more effective and possibilities of conflict removed if the House of Delegates reposes in the Council full and complete authority to direct all activities touching its constituted duties.

Since the work of the Special Committee on National Public Health Legislation is a duplication of duties already belonging to the Council, we recommend that the Special Committee on National Public Health Legislation be discontinued.

Your Committee finds that committees have been appointed from time to time by sections and by the executive officers of the Association to carry out the propaganda of public health instruction in the constituent state associations, without communication or counsel with the state associations.

Your Committee believes that such action is not just to the constituent state associations. We therefore recommend: That the Council in developing its activities, which we again wish to say are paramount in keeping this Association in a proper light before the public, shall work through the constituent state associations and their committees rather than by the creation of new or special committees; and that all committees and persons representing any department of the American Medical Association, or representing any of its activities within the borders of any constituent state association, shall be appointed by the executive officers of the state associations; and such committee shall be under the jurisdiction and control of the state association and responsible to the Council on Health and Public Instruction through the state association.

We recommend that no committee shall be appointed by the sections or by any subcommittee with duties extending into the territory of any constituent state association. All such committees shall be appointed by the constituent state association and be under the jurisdiction and control of the state association.

We recommend that the report of the Subcommittee on Uniform Regulation of Membership be adopted and that the Board of Trustees be requested to arrange for another conference of the state secretaries at such time and place as the Board deems advisable.

E. J. GOODWIN, Chairman.
A. R. MITCHELL,
THOMAS S. CULLEN.

Dr. A. B. Cooke, Tennessee, moved that the section of the report concerning the resolution of Dr. Sollmann be adopted.

Motion seconded and carried.

Dr. Goodwin read the second section of the report, which pertained to the report of the Council on Health and Public Instruction and the report of the Committee on a National Department of Health.

Dr. Dwight H. Murray, New York, moved that the House go into executive session.

Motion seconded and carried, and the House went into executive session.

Dr. E. J. Goodwin, Missouri, moved the adoption of the report, which was seconded by Dr. Wendell C. Phillips, New Work.

Dr. A. C. Cotton, Illinois, moved to amend by substituting for the report a preamble and resolution which he read. During the reading a point of order was raised, namely, that this new preamble and resolution could not be substituted for the report of the committee. The Chair ruled that the point of order was well taken.

Dr. A. M. Harvey, Illinois, moved to amend that, with the exception of those parts of the report which referred to the Committee on National Department of Health, the report of the Reference Committee be adopted.

Motion seconded, but failed to carry.

The original motion to adopt the report of the Reference Committee as a whole was then put and carried.

Dr. J. J. McGovern, Wisconsin, introduced a preamble and resolution which was seconded, authorizing the appointment of a committee of five members of the House of Delegates to investigate the causes of unrest which seem to prevail among physicians.

Dr. Seale Harris, Alabama, moved that the resolution be tabled.

Motion seconded and carried.

The executive session was closed and an open meeting entered on.

Report of Reference Committee on Amendments to Constitution and By-Laws

Dr. Floyd M. Crandall, New York, presented the Report of the Reference Committee on Amendments to the Constitution and By-Laws.

At the session of the House of Delegates, held June 17, Dr. A. M. Corwin of Illinois offered the following resolution:

WHEREAS, The American Medical Association annually attracts to its session a large number of the profession, including its leading scientific exponents; and

WHEREAS, The total membership of this growing Association is so great that but limited opportunity is afforded for the presentation of valuable papers; and

WHEREAS, Many of our ablest thinkers and workers find it increasingly difficult to obtain places on the scientific program; and

WHEREAS, It is evident from a perusal of the published program of the present meeting that many individuals are scheduled for at least two contributions each, either in the same or in separate sections,

Resolved, That this House of Delegates, in the interest of greater fairness and of a wider distribution of the privileges and obligations to all, recommends that no member be allowed to appear for the reading of more than one paper at each session. Be it

Recommended, That Section 13, Chapter XI, of the By-Laws be changed to conform with these resolutions.

The Committee recommends that the following be substituted for Chapter XI, Section 13, of the By-Laws:

SEC. 13. CAN PRESENT PAPERS BEFORE ONLY ONE SECTION.—No fellow shall present more than one paper at any annual session. The title and abstract of the paper must be submitted to the secretary of the section before which the paper is to be read. No paper shall occupy more than fifteen minutes in the reading.

Two resolutions were introduced designed to change the times of meeting of the House of Delegates. The first was introduced by Dr. Hubert Work, Colorado, who moved as a substitute for that part of the report of the Reference Committee on Reports of Officers relative to providing for the House of Delegates holding its meetings at hours that do not conflict with the time occupied by the scientific program, namely, that the House shall convene on Monday of the week of the annual session, and that the scientific program shall begin on Wednesday instead of Tuesday, and that in order to carry this into effect, Section 1, Chapter V, of the By-Laws, shall be amended by inserting the word "second" before the words "day preceding the opening," so that the section shall read: "The House of Delegates shall meet annually on the second day preceding the opening of, and at the same place as, the Annual Session of the Association."

The second resolution was as follows:

Resolved, That Section 1, Chapter V, be amended to read:

The House of Delegates shall meet for the transaction of business on the Saturday and Monday preceding the opening of the annual session of the scientific branch of the Association.

A session of the House of Delegates shall also be held on the morning of Thursday of the week of the scientific assembly at which time officers of the Association shall be elected and the business of the Association completed, provided, however, that at any annual session the House of Delegates, by a two-thirds vote, may direct that the subsequent annual session shall be held at some time and place other than that at which the scientific assembly convenes.

Two members of the Committee being absent, and the remaining members not being able to agree, a majority report cannot be returned.

One member recommends the adoption of the amendment proposed by Dr. Work.

Two members do not recommend the adoption of either amendment at the present time.

FLOYD M. CRANDALL, Chairman,
EDWIN WALKER,
BEN R. MCCLELLAN.

The report was considered section by section.

On motion, duly seconded and carried, the substitute for Chapter XI, Section 13, of the By-Laws, recommended by the Committee was adopted.

On motion of Dr. Wendell C. Phillips, New York, the House declined to adopt at this session any amendments to the By-Laws affecting the time of the meetings of the House of Delegates at present in effect.

Dr. Holman Taylor, Texas, presented the following preamble and resolutions and moved their reference to the Board of Trustees.

Motion seconded and carried.

WHEREAS, The committee appointed by this Association "To Consider the Mode of Commemorating the Completion of the Panama Canal," has reported that no appropriation has been made to cover the expense of organizing or beginning the work in hand; and

WHEREAS, This preliminary work will require the expenditure of considerable money for clerical hire, correspondence, and so forth; therefore be it

Resolved, That the Committee be continued and the Trustees be requested to make an appropriation for the necessary preliminary work; and be it

Resolved, That it is the sense of this House of Delegates and the Committee is so instructed, that the memorial shall take the form of:

1. A Congress on Tropical Medicine, and the Committee is directed to proceed to organize such Congress, with the advice of the President and the Board of Trustees of this Association.

2. A permanent monument, to be erected by popular subscription, at or near the entrance of the Canal, in commemoration of the triumph of American preventive medicine and sanitary science, and that said monument shall include a bronze statue of Colonel William C. Gorgas, and recognition in some suitable manner of Laveran, Ross, Finley, Reed, Agramonte, Carroll, Lazear and such others as may have made notable contributions to preventive medicine and sanitary science; and be it further

Resolved, That it is the sense of the House of Delegates that the great work of engineering science should be commemorated in like manner by a companion statue to Colonel George W. Goethals, and this Committee is instructed to communicate this suggestion to the appropriate organization of American engineers and invite their cooperation in a joint movement to this end; and finally, be it

Resolved, That the Committee be instructed to petition the Congress of the United States, in the name of the American Medical Association, for permission to erect said monument or monuments and to provide suitable site or sites therefor.

HOLMAN TAYLOR,
MARVIN L. GRAVES,
ISADORE DYER.

Dr. Thomas S. Cullen, Baltimore, presented the following:

Resolved, That the House of Delegates of the American Medical Association heartily endorses the so-called "*Printer's Ink* bill," is gratified that it has become a law in several states, and hopes that in the near future it may become effective in every state of the Union.

The *Printer's Ink* bill is as follows:

Any person, firm, corporation or association, who, with intent to sell or in any wise dispose of merchandise, securities, service, or anything offered by such person, firm, corporation or association, directly or indirectly, to the public for sale or distribution, or with intent to increase the consumption thereof or to induce the public in any manner to enter into any obligation relating thereto, or to acquire title thereto, or an interest therein, makes, publishes, disseminates, circulates or places before the public, or causes, directly or indirectly, to be made, published, disseminated, circulated or placed before the public in this state, in a newspaper or other publication, or in the form of a book, notice, hand-bill, poster, bill, circular, pamphlet or letter, or in any other way, an advertisement of any sort regarding merchandise, securities, service or anything so offered to the public, which advertisement contains any assertion, representation or statement of fact, which is untrue, deceptive or misleading shall be guilty of a misdemeanor.

It was moved that the resolution be adopted.

Motion seconded and carried.

Dr. A. B. Cooke, Tennessee, presented the following resolution, referring to Chapter I, Section 3, of the By-Laws:

Resolved, That nothing in this Section shall be construed as exempting any member of the American Medical Association from compliance with the requirements of the civil laws of the state or district into which he may have removed.

On motion, duly seconded and carried, this was made a standing rule.

Dr. Oscar Dowling, Louisiana, said that he had been requested by the officers of the Section on Preventive Medicine and Public Health to advise the House that they took pleasure in recommending Mr. Samuel Hopkins Adams for associate membership in the American Medical Association.

On motion, duly seconded and carried, the House adjourned.

Fifth Meeting—Thursday, June 19

The House of Delegates met at 2 p. m., and was called to order by the President.

The Secretary called the roll and 116 delegates responded.

The minutes of the previous meeting were read and approved.

The President declared the order of business to be the election of officers.

Accordingly the House proceeded to an election which resulted in the choice of the following: President, Dr. Victor C. Vaughan, Ann Arbor, Mich.; First Vice-President, Dr. Walt P. Conaway, Atlantic City, N. J.; Second Vice-President, Dr. Frank C. Todd, Minneapolis; Third Vice-President, Dr. Lillian H. South, Bowling Green, Ky.; Fourth Vice-President, Dr. Sol G. Kahn, Salt Lake City, Utah; Secretary, Dr. Alexander R. Craig, Chicago (reelected); Treasurer, Dr. William Allen Pusey, Chicago (reelected); Trustees: Dr. W. W. Grant, Denver; Dr. Frank C. Lutz, St. Louis; Dr. Oscar Dowling, Shreveport, La, and to fill the term made vacant by the death of Dr. Daugherty, Dr. Thomas McDavitt, St. Paul, Minn.

The president then nominated and the House confirmed the following: Member of Judicial Council, Dr. A. B. Cooke, Nashville, Tenn.; Member of Council on Health and Public Instruction, Dr. W. S. Rankin, Raleigh, N. C.; Member of the Council on Medical Education, Dr. H. D. Arnold, Boston.

The Secretary presented a list of names for associate membership endorsed by the officers of various sections, and on motion, duly seconded and carried, the Secretary was instructed to cast the ballot of the House in each case in which the applicant is eligible for associate membership in the Association, namely, when the applicant is not eligible to membership in his constituent state association.

Dr. Thomas S. Cullen, Maryland, rose to a question of personal privilege and asked unanimous consent to permit the introduction of a motion according the floor to Mr. Samuel Hopkins Adams. Consent having been given, the motion was made, seconded and carried.

Mr. Adams then addressed the House on the subject of medical advertisements in the public press.

Supplementary Report of the Board of Trustees

Dr. W. W. Grant, Colorado, Chairman, presented a supplementary report for the Board of Trustees. The Board of Trustees desired to call the attention of the House of Delegates to the fact that the Reference Committee has made no report regarding the subject of creating new sections. The Board would be glad to have the House take some action in regard to it.

With reference to the request from the Home for Widows and Orphans, which was referred to it, the Board thinks that this should go properly to the Judicial Council and recommends such reference.

In regard to the Bureau of Advertising, no report has been made to the Board of Trustees. It is recommended that the Board be authorized at its discretion to undertake the establishment of a Bureau in line with the resolution introduced and referred to the Reference Committee on Miscellaneous Business.

As to the report of the Committee to Consider the Mode of Commemorating the Completion of the Panama Canal, and the resolution introduced by Dr. Holman Taylor, Texas, the Board wishes to refer these to the House and suggests that the House recommend that the Board, at its discretion, shall make an appropriation for certain preliminary work to this end.

Dr. J. W. Andrews, Minnesota, moved that the report of the Board of Trustees be adopted.

Motion seconded and carried.

The President announced the appointment of the following officers of the new Section on Gastro-Enterology and Proctology, should this section be established in accordance with the conditions imposed: Chairman, Dr. Joseph M. Mathews, Louisville, Ky; Vice-Chairman, Dr. J. A. McMillan, Detroit; Secretary, Dr. A. J. Zobel, San Francisco; Executive Committee: Dr. Dwight H. Murray, Syracuse, N. Y.; Dr. John L. Jelks, Memphis, Tenn., and Dr. L. J. Hirschman, Detroit.

It was moved that these appointments be ratified.

Motion seconded and carried.

Dr. Arthur T. McCormack, Kentucky, asked unanimous consent, which was granted, to introduce the following resolution:

WHEREAS, the Minneapolis *Journal*, published in Minneapolis, our host, not only closes its advertising columns to all forms of quackery, but also conducts an active campaign against such advertising carried by many of its contemporaries, be it

Resolved, That the American Medical Association deems it peculiarly appropriate at this meeting to endorse the standards maintained by the Minneapolis *Journal* in the matter of medical advertisements, and to congratulate the legitimate advertisers and the public of this community on the proof thus afforded that a newspaper can be successful without the support of the Great American Fraud.

It was moved that the resolution be adopted.

Motion seconded and carried.

Medical Association of Porto Rico

Dr. Alexander Lambert, New York, Chairman, made a supplementary report for the Judicial Council. The Judicial Council has considered the petition of the Medical Association of Porto Rico praying that it be accepted as and constituted a constituent association of the American Medical Association. The Judicial Council recommends that the Medical Association of Porto Rico be recognized as a constituent association of this Association.

Dr. Arthur T. McCormack, Kentucky, moved that the report be adopted.

Motion seconded and carried.

Supplementary Report of the Reference Committee on Amendments to the Constitution and By-Laws

Dr. Floyd M. Crandall, New York, Chairman, presented the following report of the Reference Committee on Amendments to the Constitution and By-Laws:

The Committee recommends that the Secretary be directed to have the Public Health Service designated by this title wherever the name occurs in the Constitution and By-Laws, that the Secretary be further directed to rearrange the chapters and sections of the By-Laws, renumbering them whenever necessary so that the sections relating to definite subjects may be grouped, and offers the following amendment to the Constitution to be voted on next year, namely; that in Article 3 of the Constitution, second paragraph, the words "scientific assembly" be substituted for "scientific session."

FLOYD M. CRANDALL,
EDWIN WALKER,
BEN R. MCCLELLAN,

Dr. Wendell C. Phillips, New York, moved the adoption of the report.

Motion seconded and carried.

Dr. C. R. Woodson, Missouri, Chairman, presented a supplementary report of the Reference Committee on Miscellaneous Business, as follows:

With regard to the preamble and resolution introduced by Dr. F. C. Warnshuis, Michigan, the majority of the committee recommends the adoption of this report, but the Chairman of the Committee does not concur in this recommendation.

Concerning the preamble and resolution referred to this Committee, which was introduced by Dr. Torald Sollmann, Section on Pharmacology and Therapeutics, the Committee unanimously recommends the adoption of this preamble and resolution.

C. R. WOODSON,
A. T. MCCORMACK,
KENNETH A. J. MCKENZIE,
JOHN Z. SHEDD,
LOUIS J. HIRSCHMANN.

On separate motions, duly seconded and carried, each section of the report was adopted.

Report of the Committee on Awards

The report of the Committee on Awards was then presented, and on motion, duly seconded and carried, the report was adopted.

The report is as follows:

In view of the general excellence of all the exhibits, your Committee found great difficulty in deciding as to their relative merits. It wishes to recommend highly the exhibits as a whole and the very effective manner in which the demonstrations were made.

The Committee has awarded the gold medal to Dr. C. C. Bass of Tulane University for the exhibit of the "Cultivation of Malarial Plasmodia in Vitro."

As exhibits to be distinguished by certificates of merit, the Committee recommends the following:

"Cancer in Plants," Erwin F. Smith, United States Bureau of Plant Industry.

"Intestinal Parasitic Diseases," Lillian H. South, Kentucky State Board of Health.

"Histology of Goiter," L. B. Wilson, Mayo Clinic.

"Studies in the Physiology of Anesthesia," W. D. Gatch, Frank Mann and Dowell Gann, Indianapolis.

"Exhibit of Fetal Peritoneal Folds by Means of Specimen Photographs and Drawings," Joseph Rilus Eastman, Indiana University School of Medicine, Indianapolis.

"Blood-Vessel Suturing and Transplantation of Blood-Vessels and Intestines," J. S. Horsley, St. Elizabeth Hospital, Richmond, Va.

"Roentgen-Ray Plates of Lesions of Various Internal Viscera," D. H. Carman, Mayo Clinic.

Signed by order of the Committee:

W. T. COUNCILMAN, Chairman.

Report of Committee on Transportation and Place of Session

Dr. J. R. Pennington, Illinois, Chairman, presented the report of the Committee on Transportation and Place of Session, as follows:

Your Committee on Transportation and Place of Session has received invitations to hold the next annual session of the American Medical Association from the following cities, which your Committee reports alphabetically: Atlanta, Atlantic City, Chicago, Louisville, New Orleans, New York and Washington, D. C.

The Committee has given careful consideration to each of these and reports that it recommends to the House of Delegates that the next annual session be held in Atlantic City.

J. RAWSON PENNINGTON, Chairman,
W. T. SARLES,
GEORGE D. HEAD,
THOMAS COLEMAN,
ALFRED J. ZOBEL.

Dr. A. T. McCormack asked the unanimous consent that he might introduce a motion to accord the privileges of the floor to Dr. Curran Pope, Kentucky, who is authorized to present in person an invitation to the House of Delegates, asking the Association to meet next year in Louisville, Ky.

Consent having been given, a motion was introduced, seconded and carried.

Dr. Pope then invited the Association to come to Louisville for its next meeting.

Dr. A. T. McCormack, Kentucky, moved that the report be amended by substituting Louisville for Atlantic City.

Motion seconded.

V. 6
1913

Dr. G. Wythe Cook, District of Columbia, rose to a question of personal privilege and stated that he desired to have the House consider the District of Columbia's appeal that the Association meet next year in Washington.

Dr. George W. Guthrie, Pennsylvania, moved as a substitute that Atlantic City, Louisville and Washington, D. C., be placed in nomination and the House proceed to a ballot to determine the place of the next annual session.

Motion seconded and carried.

A ballot was then taken and Atlantic City was selected.

Dr. A. L. Brittin, Illinois, asked unanimous consent, which was given, to introduce the following resolution:

Resolved, That the American Medical Association now in convention assembled offers through its House of Delegates a vote of its most sincere thanks to the medical profession of the state of Minnesota, and to the residents of these beautiful Twin Cities, Minneapolis and St. Paul, for the courteous and generous entertainment and hospitality during the period of this meeting.

Motion seconded and unanimously carried.

As there was no further business to come before the meeting, on motion of Dr. Perry H. Bromberg, Tennessee, seconded by Dr. Thomas S. Cullen, Maryland, the House adjourned *sine die*.

Members of House of Delegates in Attendance

[The figures indicate the number of delegates to which the state is entitled.]

ALABAMA—3
Seale Harris.....Mobile
H. T. Inge.....Mobile

ARIZONA—1
John E. Bacon.....Miami

ARKANSAS—2
Morgan Smith.....Little Rock
William V. Laws.....Hot Springs

CALIFORNIA—3
George H. Kress.....Los Angeles
George Hare.....Fresno
V. G. Vecki.....San Francisco

COLORADO—2
Hubert Work.....Pueblo
W. A. Wayne.....Denver

CONNECTICUT—2
E. J. McKnight.....Hartford
D. Chester Brown.....Danbury

DELAWARE—1

DISTRICT OF COLUMBIA—1
G. Wythe Cook.....Washington

FLORIDA—1

GEORGIA—3

HAWAII—1

IDAHO—1
J. N. Alley.....Fort Lapwai

ILLINOIS—9
A. L. Brittin.....Athens
A. C. Cotton.....Chicago
K. A. Zurawski.....Chicago
A. Augustus O'Neill.....Chicago
R. J. Coulitas.....Mattoon
E. W. Fiegenbaum...Edwardsville
A. M. Harvey.....Chicago
A. M. Corwin.....Chicago
J. A. Koch.....Quincy

INDIANA—4
J. Rilus Eastman.....Indianapolis
Edwin Walker.....Evansville
F. B. Wynn.....Indianapolis
James M. Dinnen.....Fort Wayne

IOWA—3
L. W. Littig.....Davenport
M. N. Voldeng.....Cherokee
J. C. Rockafellow.....Des Moines

ISTHMIAN CANAL ZONE—1

KANSAS—2
J. T. Axtell.....Newton
George M. Gray.....Kansas City

KENTUCKY—4
J. A. Stucky.....Lexington
Carl Lewis Wheeler.....Lexington
V. E. Simpson.....Louisville
A. T. McCormack..Bowling Green

LOUISIANA—2
Oscar Dowling.....Shreveport

MAINE—1
E. H. Bennett.....Lubec

MARYLAND—2
Randolph Winslow.....Baltimore

MASSACHUSETTS—5
H. D. Arnold.....Boston
H. G. Stetson.....Greenfield
H. W. Van Allen.....Springfield
Hugh Cabot.....Boston
H. E. Sears.....Beverly

MICHIGAN—4
E. T. Abrams.....Dollar Bay
F. C. Warnshuis.....Grand Rapids
Louis J. Hirschman.....Detroit
C. E. Boys.....Kalamazoo

MINNESOTA—2
J. W. Andrews.....Mankato
Thomas McDavitt.....St. Paul

MISSISSIPPI—2
W. S. Leathers.....University

MISSOURI—5
C. R. Woodson.....St. Joseph
A. W. McAlester, Jr..Kansas City
H. L. Reid.....Charleston
Reuben M. Funkhouser..St. Louis
E. J. Goodwin.....St. Louis

MONTANA—1
Donald Campbell.....Butte

NEBRASKA—2
A. D. Nesbit.....Tekamah
A. R. Mitchell.....Lincoln

NEVADA—1
Benjamin F. Cunningham....Reno

NEW HAMPSHIRE—1
John Z. Shedd.....North Conway

NEW JERSEY—3
C. R. P. Fisher.....Bound Brook
Geo. T. Welch.....Passaic
William S. Lalor.....Trenton

NEW MEXICO—1
S. D. Swope.....Deming

NEW YORK—11
Wendell C. Phillips..New York City
William D. Johnson.....Batavia
Grant C. Madill.....Ogdensburg
Dwight H. Murray.....Syracuse
Henry D. Furniss..New York City
Henry L. Elsner.....Syracuse
Floyd M. Crandall.....New York
Edgar A. Vander Veer.....Albany
John C. MacEvitt.....Brooklyn
S. W. S. Tuma.....Nyack
John O. Polak.....Brooklyn

NORTH CAROLINA—2
H. A. Royster.....Raleigh

NORTH DAKOTA—1
James Grassick.....Grand Forks

OHIO—6
W. J. Means.....Columbus
E. O. Smith.....Cincinnati
H. C. Haning.....Dayton
Ben R. McClellan.....Xenia
J. H. J. Upham.....Columbus

OKLAHOMA—2
E. S. Lain.....Oklahoma City
J. H. White.....Muskogee

OREGON—1
K. A. J. MacKenzie.....Portland

PENNSYLVANIA—9
George W. Guthrie...Wilkes-Barre
Theodore B. Appel.....Lancaster
L. M. Gates.....Scranton
A. W. Baugh.....Paoli
Jno. Foster.....New Castle
W. Rowland Davies.....Scranton
William T. Hamilton..Philadelphia

PHILIPPINE ISLANDS—1

RHODE ISLAND—1
D. L. Richardson.....Providence

SOUTH CAROLINA—1
Edgar A. Hines.....Seneca

SOUTH DAKOTA—1
W. R. Ball.....Mitchell

TENNESSEE—2
A. B. Cooke.....Nashville
Perry Bromberg.....Nashville

TEXAS—5
W. B. Russ.....San Antonio
Holman Taylor.....Fort Worth
Joe Becton.....Greenville

UTAH—1
W. Brown Ewing..Salt Lake City

VERMONT—1

VIRGINIA—3
J. Shelton Horsley.....Richmond

WASHINGTON—2
P. B. Swearingen.....Tacoma

WEST VIRGINIA—1
P. A. Haley.....Charleston

WISCONSIN—3
J. F. Pember.....Janesville
J. J. McGovern.....Milwaukee
Rock Sleyster.....Waupun

WYOMING—1
M. A. Newell.....Sheridan

Delegates from the Sections

PRACTICE OF MEDICINE
Joseph A. Capps.....Chicago

SURGERY
W. LeMoyne Wills.....
.....Los Angeles, Cal.

OBSTETRICS, GYNECOLOGY AND ABDOMINAL SURGERY
Thomas S. Cullen...Baltimore, Md.

OPHTHALMOLOGY
Thomas A. Woodruff.....Chicago

LARYNGOLOGY, OTOLOGY AND RHINOLOGY
.....

DISEASES OF CHILDREN
.....

PHARMACOLOGY AND THERAPEUTICS
Torald Sollmann.....Cleveland

PATHOLOGY AND PHYSIOLOGY
J. W. Vaughan.....Detroit

STOMATOLOGY
G. V. I. Brown...Milwaukee, Wis.

NERVOUS AND MENTAL DISEASES
George W. Robinson...Kansas City

DERMATOLOGY
.....

PREVENTIVE MEDICINE AND PUBLIC HEALTH
M. P. Ravenel.....Madison, Wis.

GENITO-URINARY DISEASES
Bransford Lewis.....St. Louis

HOSPITALS
Joseph Howland.....Boston

ORTHOPEDIC SURGERY
.....

Delegates from Government Services

George H. Torney.....
.....United States Army
Charles F. Stokes.....
.....United States Navy
John W. Kerr.....
....U. S. Pub. Health Service

The Sections at Minneapolis

SECTION ON PRACTICE OF MEDICINE

TUESDAY, JUNE 17—AFTERNOON

The meeting was called to order by the Chairman, W. Jarvis Barlow, Los Angeles. The Chairman welcomed the members of the Section, and expressed high appreciation of the honor conferred on him by his selection as Chairman of the Section.

Dr. Leonard W. Ely, Denver, read a paper on "Chronic Arthritis." Discussed by Drs. Richard C. Cabot, Boston; Van G. Yeager, Hayward, Wis.; Joseph L. Miller, Chicago; Collins Johnson, Grand Rapids, Mich., and Leonard W. Ely, Denver.

Dr. Thomas McCrae, Philadelphia, read a paper on "Remote Effects of Lesions of the Prostate and Deep Urethra." Discussed by Drs. Hugh H. Young, Baltimore; W. O. Bridges, Omaha; J. M. Anders, Philadelphia, and Walter Bierring, Des Moines, Iowa.

The Chairman appointed a nominating committee to report at a subsequent meeting, consisting of Drs. W. S. Thayer, Baltimore; Charles L. Minor, Asheville, N. C., and Louis Warfield, Milwaukee, Wis.

Dr. James S. McLester, Birmingham, Ala., read a paper on "Studies on Uric Acid in the Blood and Urine, with Special Reference to the Influence of Atophan." Discussed by Drs. W. S. Thayer, Baltimore; Hugo A. Freund, Detroit, and J. S. McLester, Birmingham, Ala.

Dr. H. Z. Giffin, Rochester, Minn., read a paper on "Clinical Notes on Patients from the Middle Northwest Affected with Entameba." Discussed by Drs. V. G. Yeager, Hayward, Wis.; W. C. Dixon, Nashville, Tenn.; H. D. Head, Minneapolis; W. V. Brem, Los Angeles; W. W. Tompkins, Charleston, W. Va., and H. Z. Giffin, Rochester, Minn.

Dr. V. C. Vaughan, Jr., Detroit, read a paper on "Value of the Tuberculin Reaction in Early Diagnosis of Tuberculosis." Discussed by Drs. R. C. Cabot, Boston; C. L. Minor, Asheville, N. C.; F. M. Pottenger, Monrovia, Cal.; Kennon Dunham, Cincinnati; E. L. Tuohy, Duluth, Minn., and V. C. Vaughan, Jr., Detroit.

Dr. Charles L. Minor, Asheville, N. C., read a paper on "Artificial Pneumothorax for Relief of Advanced Pulmonary Tuberculosis." Discussed by Drs. S. A. Knopf, New York; Moses Collins, Denver; Kennon Dunham, Cincinnati; Mary E. Lapham, Highland, N. C., and C. L. Minor, Asheville, N. C.

Dr. LeRoy S. Peters, Silver City, N. M., read a paper on "Blood-Pressure Studies in Tuberculosis at High Altitudes."

Dr. John W. Flinn, Prescott, Ariz., read a paper on "Rest and Repair in Pulmonary Tuberculosis."

These two papers were discussed by Drs. C. L. Minor, Asheville, N. C.; S. A. Knopf, New York; John Ritter, Chicago; F. M. Pottenger, Monrovia, Cal.; R. L. Byrnes, Salt Lake; T. H. Hay, Stevens Point, Wis.; R. C. Cabot, Boston; LeRoy S. Peters, Silver City, N. M., and J. W. Flinn, Prescott, Ariz.

WEDNESDAY, JUNE 18—MORNING

Dr. Joseph L. Miller, Chicago, read a paper on "Clinical Aspects of Hypertension."

Dr. Alexander Lambert, New York, read a paper on "A Comparison Between Jacquet's Sphygmograph and Crehore's Micrograph in Cardiac Tracings."

Dr. Louis Warfield, Milwaukee, Wis., read a paper on "The Clinical Determination of Diastolic Pressure."

Dr. Willard J. Stone, Toledo, Ohio, read a paper on "Clinical Significance of High and Low Auscultatory Pulse-Pressures."

Dr. Hugo A. Freund, Detroit, read a paper on "Perpetual Arhythmia."

These five papers were discussed by Drs. L. M. Warfield, Milwaukee, Wis.; Henry Elsner, Syracuse, N. Y.; W. S. Thayer, Baltimore; H. S. Munro, Omaha; J. M. Anders, Philadelphia; T. McCrae, Philadelphia; W. W. Tompkins, Charleston, W. Va.; R. C. Cabot, Boston; Walter L. Bierring, Des Moines, Iowa; A. C. Griffith, Kansas City, Mo.; Alexander Lambert, N. Y.; J. L. Miller, Chicago, and Hugo A. Freund, Detroit.

Dr. H. S. Plummer, Rochester, Minn., read a paper on "Relation of the Toxic Symptoms to the Pathologic Types of Goiter." No discussion.

Dr. Elmer F. Otis, Penuelas, Porto Rico, read a paper on "Diseases of Porto Rico." Discussed by Dr. W. S. Thayer, Baltimore.

Drs. Ernest T. F. Richards, St. Paul, and W. C. Johnson, Minneapolis, read a paper on "Study of a Case of Congenital Hemolytic Jaundice." Discussed by Drs. W. S. Thayer, Baltimore; A. J. Caffrey, Milwaukee, Wis.; J. L. Miller, Chicago; Ernest T. F. Richards, St. Paul, and W. C. Johnson, Minneapolis.

WEDNESDAY, JUNE 18—AFTERNOON

A joint meeting was held with the Section on Pharmacology and Therapeutics.

The following papers were read as a Symposium on Serums and Vaccines:

Dr. John F. Anderson, Washington, D. C.: "Federal Control over the Manufacture of Serums and Vaccines" (read in the author's absence by Dr. John W. Trask, Assistant Surgeon General of the Bureau of Public Health and Marine-Hospital Service, Washington, D. C.).

Dr. Rufus I. Cole, New York: "Treatment of Pneumonia by Specific Serums."

Dr. George H. Weaver, Chicago: "Antistreptococcus Serum."

Dr. E. C. Rosenow, Chicago: "The Treatment of Lobar Pneumonia with Partially Autolyzed Pneumococci Extracts."

Dr. Frederick F. Russell, Washington, D. C.: "Typhoid Vaccination in the Army in 1912."

These five papers were discussed by Drs. J. L. Miller, Chicago; W. V. Brem, Los Angeles; W. W. Tompkins, Charleston, W. Va.; H. S. Munro, Omaha; W. E. Scott, Adel, Iowa; Henry Hansen, Jacksonville, Fla.; L. A. Knopf, New York; V. G. Yeager, Hayward, Wis.; D. A. Herron, Comfrey, Minn.; A. D. Hirschfelder, Baltimore; Rufus I. Cole, New York; E. C. Rosenow, Chicago, and Frederick F. Russell, Washington, D. C.

THURSDAY, JUNE 19—MORNING

The following officers were elected: Chairman, Dr. Charles Lyman Greene, St. Paul; Vice-Chairman, Dr. John B. Elliott, Jr., New Orleans; Secretary, Dr. Roger S. Morris, Clifton Springs, N. Y.; Delegate, Dr. Ray L. Wilbur, San Francisco; Alternate, Dr. Joseph H. Pratt, Boston.

A letter was sent to the Secretary of the Section from the House of Delegates suggesting that hereafter the secretaries be elected for a period of three years.

The Nominating Committee suggested that if the officers of the Section should feel during the course of the year that some especially notable piece of work had been done, they might invite an orator to describe the work to the Section. No other recommendation was made in connection with the nomination of an orator.

Dr. Henry H. Janeway, New York, read a paper on "Gastroscopy with Demonstration."

Drs. G. Reese Satterlee and L. T. LeWald, New York, read a paper on "The Water-Trap Stomach: Symptomatology, Diagnosis and Treatment."

Dr. R. Walter Mills, St. Louis, Mo., read a paper on "Points of Value to be Derived from Roentgenoscopy of the Gastro-Intestinal Tract."

These three papers were discussed by Drs. Chevalier Jackson, Pittsburgh; John Draper, New York; L. G. Cole, New York; M. L. Graves, Galveston, Texas; Fenton B. Turck, New York; Henry H. Janeway, New York; G. Reese Satterlee, New York; L. T. LeWald, New York, and R. W. Mills, St. Louis.

Dr. Richard C. Cabot, Boston, read a paper prepared by himself and Dr. Haven Emerson, New York, on "Cause and Treatment of Diarrhea." Discussed by Drs. W. S. Thayer, Baltimore; P. S. Roy, Washington, D. C.; F. M. Pottenger, Monrovia, Cal.; J. S. McLester, Birmingham, Ala.; G. N. Head, Minneapolis; Seale Harris, Mobile, Ala.; S. Bailey, Mt. Air, Iowa; T. W. Sturmm, St. Paul, and R. C. Cabot, Boston.

Dr. Walter V. Brem, Los Angeles, read a paper on "Cerebrospinal Fluid in the Diagnosis and Treatment of Syphilis." Discussed by Drs. A. R. Dochez, New York; R. C. Cabot, Boston; F. F. Russell, Washington, D. C.; A. J. Caffrey, Milwaukee, Wis.; J. S. McLester, Birmingham, Ala.; William Litterer, Nashville, Tenn., and W. V. Brem, Los Angeles.

THURSDAY, JUNE 19—AFTERNOON

The following papers were read as a Symposium on Leprosy:

Dr. Isadore Dyer, New Orleans: "Dermatologic Aspects of Leprosy."

Dr. E. Boeckmann, St. Paul: "Clinical Aspects of Leprosy."

Dr. C. Duval, New Orleans: "Bacteriology and Specific Therapy of Leprosy." (Read in the author's absence by Dr. Isadore Dyer, New Orleans.)

Dr. Rupert Blue, Washington, D. C.: "Public Health Aspects of Leprosy in the United States." (Read in the author's absence by Dr. W. C. Rucker, Washington, D. C.)

These four papers were discussed by Drs. H. M. Bracken, St. Paul; M. L. Graves, Galveston, Tex.; Guilford H. Sumner, Des Moines, Iowa; H. E. Menage, New Orleans; W. C. Rucker, Washington, D. C.; Isadore Dyer, New Orleans, and E. Boeckmann, St. Paul.

SECTION ON SURGERY

TUESDAY, JUNE 17—AFTERNOON

The Chairman, Dr. A. F. Jonas, Omaha, called the meeting to order at 2 p. m.

Dr. A. F. Jonas, Omaha, delivered the Chairman's address, entitled "The Surgeon and the Research Laboratory."

Dr. John B. Deaver, Philadelphia, read a paper on "Posterior Gastro-Enterostomy in Acute Perforated Ulcer of the Duodenum. Report of Thirty Cases." Discussed by Drs. A. J. Ochsner, Chicago; R. C. Coffey, Portland, Ore.; W. J. Mayo, Rochester, Minn.; W. W. Babcock, Philadelphia; K. A. J. McKenzie, Portland, Ore.; H. T. Sutton, Zanesville, Ohio, and John B. Deaver, Philadelphia.

Dr. Angus McLean, Detroit, read a paper entitled "Postoperative Ileus." Discussed by Drs. E. B. Claybrook, Cumberland, Md.; F. T. Murphy, St. Louis; D. N. Eisendrath, Chicago; W. W. Babcock, Philadelphia, and Angus McLean, Detroit.

Dr. John W. Perkins, Kansas City, Mo., read a paper entitled "Congenital Dislocation of the Knees, with Report of Two Cases." Discussed by Drs. L. Ely, Denver; R. H. Sayre, New York, and J. W. Perkins, Kansas City, Mo.

Dr. Hugh H. Trout, Roanoke, Va., read a paper entitled "Proctoclysis: An Experimental and Clinical Study." Discussed by Drs. L. L. McArthur, Chicago, and Hugh H. Trout, Roanoke, Va.

Dr. David Cheever, Boston, read a paper entitled "Etiology and Significance of Membranes about Cecum and Colon." Discussed by Drs. J. N. Jackson, Kansas City, Mo.; F. G. Connell, Oshkosh, Wis.; M. B. Trinker, Ithaca, N. Y.; J. W. Draper, New York, and Gray, Kansas City, Mo.

Dr. J. Louis Ransohoff, Cincinnati, read a paper entitled "Anaphylaxis in the Diagnosis of Cancer." Discussed by Dr. Oscar Berghausen, Cincinnati.

WEDNESDAY, JUNE 18—MORNING

Dr. Leonard Freeman, Denver, read a paper entitled "The External Bone Clamp Versus the Internal Bone Plate in Fractures of Long Bones." Discussed by Drs. J. B. Murphy, Chicago; L. L. McArthur, Chicago; A. E. Hertzler, Kansas City, Mo.; C. W. Allen, New Orleans, and L. Freeman, Denver.

Dr. John B. Murphy, Chicago, read a paper entitled "Surgical Management of Injuries to the Elbow-Joint, Primary and Secondary." Discussed by Drs. F. J. Cotton, Boston; Willy Meyer, New York; C. H. Lemon, Milwaukee, Wis.; H. M. Sherman, San Francisco, and J. B. Murphy, Chicago.

Dr. Charles H. Mayo, Rochester, Minn., read a paper entitled "Surgery of the Thyroid: Observations on Five Thousand Operations." Discussed by Drs. George W. Crile, Cleveland; A. J. Ochsner, Chicago, and C. H. Mayo, Rochester, Minn.

Dr. J. E. Thompson, Galveston, Tex., read a paper entitled "Study of the Circulation in Some Cases of Gangrene of the Foot." Discussed by Drs. C. W. Allen, New Orleans; W. W. Grant, Denver, and J. E. Thompson, Galveston, Tex.

Dr. Willy Meyer, New York, read a paper entitled "Extrathoracic and Intrathoracic Esophagoplasty." No discussion.

WEDNESDAY, JUNE 18—AFTERNOON

Dr. William D. Haggard, Nashville, Tenn., delivered the Oration on Surgery entitled "The Requirements of the Surgeon."

The following papers were read as a Symposium on Infections.

Dr. Frank Billings, Chicago: "Chronic Focal Infections as a Causative Factor in Chronic Arthritis."

Dr. Hugh H. Young, Baltimore: "Infections of the Prostate and Seminal Vesicles. Their Role in Toxemia."

These two papers were discussed by Drs. John Ridlon, Chicago; Bransford Lewis, St. Louis, and D. N. Eisendrath, Chicago.

Dr. Miles F. Porter, Fort Wayne, Ind., read a paper entitled "Injection of Boiling Water for Hyperthyroidism." No discussion.

THURSDAY, JUNE 19—MORNING

The following officers were elected: Chairman, Charles H. Frazier, Philadelphia; Vice-Chairman, J. E. Thompson, Galveston, Tex.; Secretary, E. S. Judd, Rochester, Minn.; Orator, Joseph C. Bloodgood, Baltimore; Delegate, J. N. Jackson, Kansas City, Mo.; Alternate, R. C. Coffey, Portland, Ore.

Dr. J. F. Percy, Galesburg, Ill., read a paper entitled "Nephritis as a Surgical Problem and Its Treatment as a Preliminary to Operation." No discussion.

Dr. R. D. Carman, Rochester, Minn., read a paper entitled "Technic of Roentgenoscopy of the Gastro-Intestinal Tract, and Interpretation of Screen and Plate Findings." Discussed by Drs. A. MacLaren, St. Paul; J. T. Case, Battle Creek, Mich.; C. E. Ruth, Des Moines, Iowa; B. W. Sippy, Chicago; M. F. Porter, Fort Wayne, Ind., and R. D. Carman, Rochester, Minn.

Dr. Joseph C. Bloodgood, Baltimore, read a paper entitled "The Added Responsibility of the Surgeon when Called on to Treat Surgical Lesions in Their Earliest Stages." Discussed by Drs. A. B. Kanavel, Chicago; A. J. Ochsner, Chicago; F. D. Gray, Jersey City, N. J.; H. C. Sharp, West Baden, Ind., and J. C. Bloodgood, Baltimore.

Dr. J. Rilus Eastman, Indianapolis, read a paper entitled "Fetal Peritoneal Folds and Their Relation to Postnatal Acute and Chronic Occlusions of the Large and Small Intestine."

Dr. J. N. Jackson, Kansas City, Mo., read a paper entitled "Symptoms and Diagnosis of Membranous Pericolitis."

Dr. John E. Summers, Omaha, read a paper entitled "Surgical Aspects of Intestinal Stasis from an Anatomic Point of View."

These three papers were discussed by Drs. M. L. Harris, Chicago; H. H. Royster, Norfolk, Va.; A. A. Law, Minneapolis; D. N. Eisendrath, Chicago; J. N. Jackson, Kansas City, Mo.; J. R. Eastman, Indianapolis, and J. E. Summers, Omaha.

Dr. Emmett Rixford, San Francisco, read a paper entitled "The Mechanism of the Production of Fractures." No discussion.

Dr. Alfred Luger, Vienna, read a paper entitled "Radiographic Changes in Pituitary Disease." Discussed by Dr. Charles H. Frazier, Philadelphia.

THURSDAY, JUNE 19—AFTERNOON

Dr. James T. Case, Battle Creek, Mich., read a paper entitled "Roentgenoscopy of the Liver and Biliary Passages." Discussed by Drs. L. G. Cole, New York; G. E. Pfahler, Philadelphia; A. D. Bevan, Chicago, and J. T. Case, Battle Creek, Mich.

Dr. Clarence A. McWilliams, New York, read a paper entitled "The Necessity of Preserving the Periosteum in Bone Transplantation."

Dr. Fred H. Albee, New York, read a paper entitled "Original Uses of the Bone Graft in Surgery."

These two papers were discussed by Drs. J. E. Moore, Minneapolis; F. J. Cotton, Boston; D. B. Phemister, Chicago; H. O. Marcy, Boston; C. A. McWilliams, New York, and F. H. Albee, New York.

The following papers were read as a Symposium on Anesthesia:

Dr. Isabella C. Herb, Chicago: "Administration of Alkaloids before Anesthesia."

Dr. Harry G. Sloan, Cleveland: "Nitrous Oxid and Oxygen Anesthesia."

Dr. Charles H. Peck, New York: "Intratracheal Insufflation Anesthesia (Meltzer-Auer)."

Dr. J. F. Mitchell, Washington, D. C.: "Local Anesthesia."

Dr. W. M. Boothby, Boston: "Ether Percentages."

These five papers were discussed by Drs. C. W. Allen, New Orleans; Karl Connell, New York; Evarts Graham, Chicago, and H. G. Sloan, Cleveland.

FRIDAY, JUNE 20—MORNING

Dr. William L. Rodman, Philadelphia, read a paper entitled "Gastric Tetany." Discussed by Drs. J. W. Draper, New York; M. F. Porter, Fort Wayne, Ind.; Robert Earle, St. Paul, and W. L. Rodman, Philadelphia.

Drs. Nathaniel Allison and Barney Brooks, St. Louis, read a paper entitled "An Experimental Study of the Mobilization of Ankylosed Joints." Discussed by Drs. D. D. Lewis, Chicago; J. H. Rishmiller, Minneapolis, and B. Brooks, St. Louis.

Dr. Bertram M. Bernheim, Baltimore, read a paper on "Therapeutic Possibilities of Transfusion."

Dr. J. J. Hogan, San Francisco, read a paper on "Theory and Practice of Transfusion."

These two papers were discussed by Drs. A. R. Kimpton, Boston; T. Sollmann, Cleveland; H. M. Sloan, Cleveland; V. C. Vaughan, Jr., Detroit; B. M. Bernheim, Baltimore, and J. J. Hogan, San Francisco.

The following resolution, introduced by Dr. J. F. Percy, Galesburg, Ill., was adopted:

Resolved, That this section strongly endorses the action taken by the House of Delegates on the education of the public and the profession looking toward the control of cancer.

SECTION ON OBSTETRICS, GYNECOLOGY AND ABDOMINAL SURGERY

TUESDAY, JUNE 17—AFTERNOON

The Section was called to order by the Chairman, Dr. F. F. Simpson, Pittsburgh, Pa.

Dr. E. E. Montgomery, Philadelphia, occupied the Chair during the reading of the Chairman's address on "Right-Sided Hypertension with Occasional Cardiac Dilatation as Postoperative Complications."

Dr. George W. Crile, Cleveland, read a paper on "Some Newer Methods of Reducing the Mortality of Operations on the Pelvic Organs." Lantern-slides were shown in connection with the paper. Discussed by Drs. Henry O. Marcy, Boston; G. O. Thienhaus, Milwaukee, Wis.; A. E. Hertzler, Kansas City, Mo.; George Gellhorn, St. Louis, and George W. Crile, Cleveland.

Dr. Henry Dawson Furniss, New York, read a paper on "Postoperative Renal Infection." Discussed by Dr. J. W. Draper Maury, New York.

Dr. Richard R. Smith, Grand Rapids, Mich., read a paper on "Final Results of 193 Operations for Ectopic Pregnancy." Discussed by Drs. E. E. Montgomery, Philadelphia; Rufus B. Hall, Cincinnati; Chester M. Echols, Milwaukee, Wis.; John A. Lyons, Chicago; (?) Hall, Kansas City; John Osborn Polak, Brooklyn, and Richard R. Smith, Grand Rapids, Mich.

Dr. J. H. Carstens, Detroit, read a paper on "The Movable Kidney." Discussed by Drs. Rufus B. Hall, Cincinnati; Philemon E. Truesdale, Fall River, Mass.; Henry O. Marcy, Boston; A Goldspohn, Chicago, and J. H. Carstens, Detroit.

Dr. Edward Reynolds, Boston, read a paper on "Further Points on the Sterility of Women." Discussed by Drs. Robert T. Frank, New York; Laura Branson, Iowa City, Iowa; Charles S. Bacon, Chicago; J. H. Jacobson, Toledo, Ohio, and Edward Reynolds, Boston.

Dr. K. I. Sanes, Pittsburgh, Pa., read a paper on "Membranous Dysmenorrhea." Discussed by Drs. Robert T. Frank, New York; Henry O. Marcy, Boston; George Gellhorn, St. Louis, and K. I. Sanes, Pittsburgh, Pa.

WEDNESDAY, JUNE 18—MORNING

Dr. Franklin H. Martin, Chicago, read a paper on "Prolapse of the Uterus: Its Surgical Treatment."

On motion it was resolved that the paper of Dr. Martin and the two succeeding papers be discussed jointly.

Dr. E. E. Montgomery, Philadelphia, read a paper on "Vagino-Uterine Prolapse and Its Effective Treatment."

Dr. George B. Somers, San Francisco, read a paper on "The Anatomy and Surgical Utility of the Sacro-Uterine Ligaments."

These three papers were discussed by Drs. A. E. Benjamin, Minneapolis; William M. Polk, New York; Walter B. Dorsett, St. Louis; J. Riddle Goffe, New York; Robert Earle, St. Paul; A. Goldspohn, Chicago; George Gellhorn, Chicago; G. Betton Massey, Philadelphia; Franklin H. Martin, Chicago; E. E. Montgomery, Philadelphia, and George B. Somers, San Francisco.

Dr. John Osborn Polak, Brooklyn, read a paper on "A study of the End-Results of the Webster-Baldy Operation." Discussed by Drs. Edward Reynolds, Boston; R. S. Yarros, Chicago; C. W. Barrett, Chicago, and John Osborn Polak, Brooklyn.

Dr. Philemon E. Truesdale, Fall River, Mass., read a paper on "Tuberculous Salpingitis." Discussed by Drs. D. C. Balfour, Rochester, Minn.; Curtis S. Foster, Pittsburgh, Pa.; J. H. Carstens, Detroit; John B. Murphy, Chicago, and Philemon E. Truesdale, Fall River, Mass.

Dr. John B. Murphy, Chicago, spoke on "Infections in the Pelvis from a General Surgeon's Point of View." Discussed by Drs. John B. Deaver, Philadelphia, E. Gustav Zinke, Cincinnati, and John B. Murphy, Chicago.

The Executive Committee was announced by the Chairman as follows: Drs. E. E. Montgomery, Philadelphia; Walter B. Dorsett, St. Louis, and C. S. Bacon, Chicago.

WEDNESDAY, JUNE 18—AFTERNOON

Dr. William J. Mayo, Rochester, Minn., read a paper on "Cancer of the Stomach." Discussed by Dr. William L. Rodman, Philadelphia; John B. Deaver, Philadelphia; John A. Lyons, Chicago, and William J. Mayo, Rochester, Minn.

Dr. Rufus B. Hall, Cincinnati, read a paper on "Cancer of the Uterus: Some Points to Be Emphasized in the Early Diagnosis." This paper was discussed with the two succeeding papers.

Dr. Emil Ries, Chicago, read a paper on "Theoretical and Practical Foundations of a Radical Operation for Carcinoma of the Cervix."

Dr. J. F. Percy, Galesburg, Ill., read a paper on "Heat in the Treatment of Inoperable Cancer of the Vagina and Uterus: Method and Results."

These three papers were discussed by Drs. J. H. Carstens, Detroit; Walter B. Dorsett, St. Louis; C. W. Barrett, Chicago; G. Betton Massey, Philadelphia; William J. Mayo, Rochester, Minn.; John B. Deaver, Philadelphia; C. O. Thienhaus, Milwaukee, Wis.; John A. Lyons, Chicago; Bertha Van Hoosen, Chicago; Henry O. Marcy, Boston; Rufus B. Hall, Cincinnati, and J. F. Percy, Galesburg, Ill.

Dr. J. Shelton Horsley, Richmond, Va., read a paper on "Experimental Transplantation of Intestine After Resection of the Sigmoid, with Special Reference to Resection for Malignant Diseases of the Pelvis." Discussed by Drs. C. E. Ruth, Des Moines, Iowa; A. Goldspohn, Chicago, and J. Shelton Horsley, Richmond, Va.

THURSDAY, JUNE 19—MORNING

The following officers were nominated and elected: Chairman, Dr. E. Gustav Zinke, Cincinnati; Vice-Chairman, Dr. A. E. Benjamin, Minneapolis; Secretary, Dr. Brooke M. Anspach, Philadelphia; Delegate, Dr. R. R. Smith, Grand Rapids, Mich.; Alternate, Dr. John G. Clark, Philadelphia.

Dr. Joseph B. DeLee, Chicago, read the "Report of Committee on the Question: Should the Puerperal Uterus be Emptied of Ovular Remains in the Presence of Infection, and if so, When?" Discussed by Drs. E. E. Montgomery, Philadelphia; J. C. Litzenberg, Minneapolis; Robert T. Frank, New York; R. S. Yarros, Chicago, and Joseph B. DeLee, Chicago.

Dr. George Gellhorn, St. Louis, read a paper on "Local and Spinal Anesthesia in Gynecology and Obstetrics." Discussed by Dr. A. E. Hertzler, Kansas City, Mo.

Dr. W. Wayne Babcock, Philadelphia, spoke on "Spinal Anesthesia in Gynecology, Obstetrics and Abdominal Surgery." Discussed by Dr. Fred J. Taussig, St. Louis.

Dr. J. Riddle Goffe, New York, read a paper on "Biochemical Factors in the Causation of Uterine Hemorrhage."

Dr. John B. Deaver, Philadelphia, read a paper on "Treatment of Hemorrhage from the Non-Pregnant Uterus."

These two papers were discussed by Drs. Lewis L. McMurtry, Louisville, Ky.; J. L. Rothrock, St. Paul; J. Riddle Goffe, New York, and John B. Deaver, Philadelphia.

Dr. R. C. Coffey, Portland, Ore., read a paper on "Intra-Abdominal Adhesions." Discussed by Drs. J. H. Jacobson, Toledo, Ohio; John B. Deaver, Philadelphia; Rufus B. Hall, Cincinnati; Cantrell; Henry Boxer, Birmingham, Ala., and R. C. Coffey, Portland, Ore.

THURSDAY, JUNE 19—AFTERNOON

Dr. Fred L. Adair, Minneapolis, read a paper on "Care of the Umbilical Stump: A Bacteriologic Study." Discussed by Drs. Charles S. Bacon, Chicago; N. S. Heaney, Chicago, and Fred L. Adair, Minneapolis.

Dr. Channing W. Barrett, Chicago, read a paper on "The Thyroid Gland and Its Degeneration in Relation to Obstetrics and Gynecology." Discussed by Drs. John N. Bell, Detroit; Mary Strong, Omaha, and Channing W. Barrett, Chicago.

Dr. Henry Schwarz, St. Louis, read a paper on "The Serodiagnosis of Pregnancy and Its Place in Practical Obstetrics." Discussed by Drs. Joseph B. DeLee, Chicago; Losee, Upper Red Hook, N. Y.; Chester M. Echols, Milwaukee, Wis.; N. S. Heaney, Chicago, and Henry Schwarz, St. Louis.

Dr. Charles S. Bacon, Chicago, read a paper on "The Essentials of Sanatorium Treatment of Tuberculous Gravidae and Puerperae and Their Children." Discussed by Drs. Walter J. Marcley, Minneapolis; Mary Strong, Omaha, and Charles S. Bacon, Chicago.

Dr. Alfred Baker Spalding, San Francisco, read a paper on "The Value of Abdominal Measurements in Pregnancy: A Statistical Study." Discussed by Drs. Frederick E. Leavitt, St. Paul; E. Gustav Zinke, Cincinnati, and Alfred Baker Spalding, San Francisco.

Dr. Simpson, the retiring Chairman, made a few remarks in appreciation of the cooperation of the members of the Section and in greeting to his successor, Dr. E. Gustav Zinke, to which Dr. Zinke replied.

On motion of Dr. Channing W. Barrett, Chicago, and Dr. Zinke a rising vote of thanks was given the retiring Chairman, Dr. Simpson, and the Secretary, Dr. Anspach, for their services in making the Section work so eminently successful in the present session.

Dr. Anspach moved a vote of thanks to the University of Minnesota and to the local Committee on Arrangements for all the help given in making the meeting successful.

SECTION ON STOMATOLOGY

TUESDAY, JUNE 17—AFTERNOON

The Section was called to order by Dr. Virgil Loeb, St. Louis, Chairman.

Dr. Loeb appointed Dr. G. V. I. Brown, Milwaukee, Wis., to act as Secretary during the meeting, in the absence of Dr. Eugene S. Talbot.

Dr. Loeb appointed Drs. William C. Fisher, New York, and F. B. Moorehead, Chicago, as members of the Executive Committee.

The following were nominated for associate membership: Drs. George F. Jernigan, New York; Nelson T. Shields, New York; H. R. Raper, Indianapolis; William H. De Ford, Des Moines, Iowa; Daniel Cave, Los Angeles; George D. Graham, Honolulu, Hawaii, Army Dental Corps; A. T. Rasmussen, La Crosse, Wis., and Clarence J. Grieves, Baltimore.

Dr. T. L. Gilmer, Chicago, moved that the above-named men be recommended for membership. Seconded and carried.

Dr. Virgil Loeb, St. Louis, read the Chairman's Address on "Fields for Research in Oral Surgery." Discussed by Drs. F. B. Moorehead, Chicago; T. W. Brophy, Chicago; T. L. Gilmer, Chicago; William C. Fisher, New York; G. V. I. Brown, Milwaukee, Wis.; Nelson T. Shields, New York; C. H. Robinson, Wabasha, Minn.; William H. De Ford, Des Moines, Iowa, and Virgil Loeb, St. Louis.

Dr. E. W. Wooley, Winona, Minn., read a paper on "Social Ethics." No discussion.

The paper of Dr. Eugene S. Talbot, Chicago, on "Interstitial Gingivitis and Pyorrhea Alveolaris," was read by Dr. William C. Fisher, New York. No discussion.

The Chairman appointed the following Nominating Committee: Drs. T. L. Gilmer, Chicago; William H. De Ford, Des Moines, Iowa, and Thomas B. Hartzell, Minneapolis.

WEDNESDAY, JUNE 18—MORNING

Dr. H. F. McBeath, Milwaukee, Wis., read a paper on "The Correction of Impediments of Speech in Our Public Schools." Discussed by Mrs. Reid, Detroit, Mich., and Drs. Elmer L. Kenyon, Chicago; Thomas J. Heldt, Columbia, Mo.; T. W. Brophy, Chicago; A. T. Rasmussen, La Crosse, Wis., and H. F. McBeath, Milwaukee, Wis.

Dr. Thomas B. Hartzell, Minneapolis, read a paper on "The Responsibility of the Dentist and Physician in Regard to Mouth Infections and Their Relation to Constitutional Effects." Discussed by Drs. Joseph Head, Philadelphia; T. L. Gilmer, Chicago; F. B. Moorehead, Chicago; Nelson T. Shields, New York; William C. Fisher, New York; C. H. Oakman, Detroit; G. V. I. Brown, Milwaukee, Wis.; T. W. Brophy, Chicago; A. T. Rasmussen, La Crosse, Wis., and Thomas B. Hartzell, Minneapolis.

Dr. William C. Fisher, New York, read a paper on "Bachelor of Medicine: The Need of This New Degree." Discussed by Drs. F. B. Moorehead, Chicago; T. W. Brophy, Chicago, and William C. Fisher.

WEDNESDAY, JUNE 18—AFTERNOON

Dr. Nelson T. Shields, New York, read a paper on "The Etiology of Trifacial Neuralgia or Tic Douloureux, and Clinical Treatment." Discussed by Drs. G. V. I. Brown, Milwaukee, Wis.; A. H. Levings, Milwaukee, Wis.; T. W. Brophy, Chicago; Joseph Head, Philadelphia; C. H. Oakman, Detroit; F. B. Moorehead, Chicago; Thomas B. Hartzell, Minneapolis; L. W. Dean, Iowa City, Iowa; A. T. Rasmussen, La Crosse, Wis., and Nelson T. Shields, New York.

Dr. L. W. Dean, Iowa City, Iowa, read a paper on "A Method of Closing a Sinus Between the Antrum of Highmore and the Mouth." Discussed by Drs. T. L. Gilmer, Chicago; T. W. Brophy, Chicago; G. V. I. Brown, Milwaukee, Wis.; C. H. Oakman, Detroit, and L. W. Dean, Iowa City.

Dr. F. B. Moorehead, Chicago, read a paper on "Infective Cysts of the Jaws." Discussed by Drs. T. L. Gilmer, Chicago; William C. Fisher, New York; T. W. Brophy, Chicago; Thomas B. Hartzell, Minneapolis, and F. B. Moorehead, Chicago.

The following papers were read as a symposium:

Dr. Joseph Head, Philadelphia: "Treatment of Loose Teeth Due to Inflammatory Degeneration of the Gums and Alveolar Process."

Dr. Claude P. Brown, Philadelphia, Pa.: "Bacteriology of Pyorrhea Alveolaris."

Dr. A. H. Levings, Milwaukee, Wis.: "Bacteria of the Mouth."

These three papers were discussed by Drs. Thomas B. Hartzell, Minneapolies; F. B. Moorehead, Chicago; G. V. I. Brown, Milwaukee, Wis.; T. L. Gilmer, Chicago; C. H. Oakman, Detroit; L. Duncan Bulkley, New York; T. W. Brophy, Chicago; A. Parker Hitchens, Glenolden, Pa.; Nelson P. Shields, New York; William C. Fisher, New York; Joseph Head, Philadelphia, and Claude P. Brown, Philadelphia.

THURSDAY, JUNE 19—MORNING

Report of Nominating Committee made by Dr. T. L. Gilmer, Chicago: Chairman, Dr. William C. Fisher, New York; Vice-Chairman, Dr. F. B. Moorehead, Chicago; Secretary (two years), Dr. Eugene S. Talbot, Chicago; Delegate, Dr. G. V. I. Brown, Milwaukee, Wis.; Executive Committee: Drs. T. L. Gilmer, Chicago; S. L. McCurdy, Pittsburgh, Pa., and Virgil Loeb, St. Louis.

On motion, the Secretary cast the ballot which resulted in the election of the above-named.

Dr. Edward H. Baker, Chicago, read a paper on "The Relation of Mouth Disease to Bodily Health." Discussed by Drs. G. Betton Massey, Philadelphia, and Nelson P. Shields, New York.

The paper of Dr. Vida A. Latham, Chicago, on "The Pathology of Root Findings," was read by Dr. William C. Fisher, New York. Not discussed.

Dr. G. Betton Massey, Philadelphia, read a paper on "Cancer of the Mouth: The Relation of Dental and General Practitioners to Its Early Recognition and Successful Treatment." Discussed by Drs. G. V. I. Brown, Milwaukee, Wis.; Nelson P. Shields, New York; T. W. Brophy, Chicago; O. A. Strauss, Milwaukee, Wis.; C. H. Oakman, Detroit, and G. Betton Massey, Philadelphia.

Dr. G. V. I. Brown, Milwaukee, Wis., read a paper on "The Surgical Treatment of Postoperative Lip and Palate Defects." Discussed by Drs. C. H. Oakman, Detroit; T. W. Brophy, Chicago; O. A. Strauss, Milwaukee, Wis.; R. E. Farr, Minneapolis; A. T. Rasmussen, La Crosse, Wis., and G. V. I. Brown, Milwaukee, Wis.

Moved and seconded that a vote of thanks be extended to the Dental Department for the use of the room and accessories. Carried.

SECTION ON NERVOUS AND MENTAL DISEASES

TUESDAY, JUNE 17—AFTERNOON

The meeting was called to order in Folwell Hall, Room 311, at 2:25 p. m., by the vice-chairman, Dr. W. W. Graves, St. Louis.

Dr. Howell T. Pershing's Chairman's address on "Neurasthenia an Increased Susceptibility to Emotion," was read by Dr. C. Eugene Riggs, St. Paul. Discussed by Drs. A. A. Brill, New York; Joseph M. Aikin, Omaha; L. Harrison Mettler, Chicago; D'Orsay Hecht, Chicago, and Howell T. Pershing, Denver.

Dr. T. D. Crothers, Hartford, Conn., read a paper on "Premonitory Auras in Alcoholic Neuroses." Discussed by Drs. A. A. Brill, New York; Charles R. Ball, St. Paul, and T. D. Crothers, Hartford, Conn.

Dr. D'Orsay Hecht, Chicago, read a paper on "Multiglandular Syndromes and the Nervous System, with Lantern-Slide Demonstration." Discussed by Drs. A. L. Skoog, Kansas City, Mo., and D'Orsay Hecht, Chicago.

Dr. Charles R. Ball, St. Paul, read a paper on "Diagnosis, Prognosis and Treatment of General Paresis." Discussed by Drs. C. Eugene Riggs, St. Paul; S. S. Glasscock, Kansas City, Kan.; Lawrence B. Pillsbury, Lincoln, Neb.; Albert E. Sterne, Indianapolis; A. L. Skoog, Kansas City, Mo.; George A. Moleen, Denver; E. E. Southard, Cambridge, Mass.; W. W. Graves, St. Louis, and Charles R. Ball, St. Paul.

Dr. H. D. Valin, Mankato, Minn., read a paper on "Pathologic Findings in Insanity; Illustrated with Lantern-Slides Showing Gross and Microscopic Lesions." Discussed by Drs. E. E. Southard, Cambridge, Mass., and H. D. Valin, Mankato, Minn.

WEDNESDAY, JUNE 18—MORNING

Dr. S. P. Kramer, Cincinnati, read a paper on "Recent Advances Made in Study of the Circulation of Brain and Spinal Cord." Discussed by Dr. A. L. Skoog, Kansas City, Mo.

Dr. Julius Grinker, Chicago, read a paper on "A Tumor of the Hypophysis in Acromegaly; a Clinical and Post-Mortem Report, with Photomicrographs." No discussion.

Dr. L. Harrison Mettler, Chicago, read a paper on "Symptomatology of Multiple Sclerosis." Discussed by Drs. C. D. Camp, Ann Arbor, Mich.; Julius Grinker, Chicago; D. S. Booth, St. Louis; Charles W. Hitchcock, Detroit, and L. Harrison Mettler, Chicago.

Dr. C. D. Camp, Ann Arbor, Mich., read a paper entitled "Epilepsy and Paresis in Railway Engineers and Firemen." Discussed by Drs. C. Eugene Riggs, St. Paul; C. B. Woodson, St. Joseph, Mo.; D. S. Booth, St. Louis; L. Harrison Mettler, Chicago; W. Brown Ewing, Salt Lake; Sanger Brown, Chicago; Leo M. Crafts, Minneapolis; Lawrence B. Pillsbury, Lincoln, Neb.; Charles Gorst, Mendota, Wis.; Charles W. Hitchcock, Detroit; George A. Moleen, Denver, and C. D. Camp, who, in closing, offered the following resolution which was adopted:

That the Secretary be asked to communicate to the Council on Health and Public Instruction of the American Medical Association the fact that the Section believes it is highly dangerous that epileptics and paretics be employed in the operation of railroad trains, and that measures should be taken to prevent the employment of such persons.

The Chairman announced the appointment of the following members to act as committee on nominations: Drs. L. Harrison Mettler, Chicago; Charles R. Ball, St. Paul, and Ross Moore, Los Angeles.

WEDNESDAY, JUNE 18—AFTERNOON

Dr. E. M. Hammes, St. Paul, read a paper on "Two Cases of Circulatory Disturbance of the Brain," by Drs. C. Eugene Riggs and E. M. Hammes, St. Paul. Discussed by Drs. Sanger Brown, Chicago; Charles R. Ball, St. Paul; H. E. Conley, Cannon Falls, Minn.; Ross Moore, Los Angeles; C. Eugene Riggs, St. Paul, and E. M. Hammes, St. Paul.

Dr. A. A. Brill, New York, read a paper on "The Conception of Homosexuality: Its Theories, Psychologic Mechanisms and Treatment." Discussed by Drs. D'Orsay Hecht, Chicago; Howell T. Pershing, Denver; Ross Moore, Los Angeles; Albert E. Sterne, Indianapolis, and A. A. Brill, New York.

Dr. W. W. Graves, St. Louis, read a paper on "Can Rabbits be Infected with Syphilis Directly from the Blood of Paretics? Observations on the Recognition of the Virus in the Later Periods of the Disease." Discussed by Drs. Charles R. Ball, St. Paul; Sanger Brown, Chicago, and W. W. Graves, St. Louis.

Dr. Albert E. Sterne, Indianapolis, read a paper on "Exudative Encephalitis." No discussion.

THURSDAY, JUNE 19—MORNING

The following officers were elected: Chairman, W. W. Graves, St. Louis; Vice-Chairman, C. D. Camp, Ann Arbor, Mich.; Secretary (for two years), George A. Moleen, Denver; Delegate, C. Eugene Riggs, St. Paul; Alternate Delegate, E. E. Southard, Cambridge, Mass.

The Executive Committee then consisted of Drs. W. A. Jones, Minneapolis; Edward D. Fisher, New York, and Howell T. Pershing, Denver.

To fill vacancies on the Executive Committee caused by the absence of Drs. Jones and Fisher, the Chairman appointed Drs. C. Eugene Riggs, St. Paul., and E. E. Southard, Cambridge, Mass., to act for the session.

Dr. Ross Moore, Los Angeles, read a paper on "Further Notes on the Preneurasthenic and Preinsane Conditions." Discussed by Drs. C. Eugene Riggs, St. Paul; George H. Moody, San Antonio, Tex.; Philip Zenner, Cincinnati; G. Wilse Robinson, Kansas City, Mo.; L. Harrison Mettler, Chicago; W. W. Graves, St. Louis; Howell T. Pershing, Denver; C. R. Woodson, St. Joseph, Mo., and Ross Moore, Los Angeles.

Dr. Charles H. Frazier, Philadelphia, read a paper on "A Division of the Auditory Nerve for Persistent Tinnitus and Vertigo." No discussion.

Dr. G. Wilse Robinson, Kansas City, Mo., read a paper on "Occlusion of the Posterior Inferior Cerebellar Artery. Report of a Case." No discussion.

Dr. B. W. Sippey, Chicago, read a paper on "Demonstration of Lange's Goldsol Test of the Cerebrospinal Fluid." Discussed by Drs. C. Eugene Riggs, St. Paul; Ross Moore, Los Angeles; Peter Bassoe, Chicago; C. B. Woodson, St. Joseph, Mo.; A. L. Skoog, Kansas City, Mo.; Howell T. Pershing, Denver, and B. W. Sippey, Chicago.

Dr. C. Eugene Riggs, St. Paul, read a paper on "Certain Nervous Phenomena in Pernicious Anemia." Discussed by Drs. George A. Moleen, Denver, and Howell T. Pershing, Denver.

Dr. Ross Moore, Los Angeles, moved that a committee be appointed by the Chairman of the Section on Nervous and Mental Diseases to report in one year as to methods by which the Section may be helpful in the question of the hygiene of childhood with reference to nervous and mental diseases. Motion seconded by Dr. T. D. Crothers, Hartford, Conn. Carried. Whereupon the chair appointed as such committee, Drs. Ross Moore, Los Angeles, and Philip Zenner, Cincinnati.

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